

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90086 017 ***138.75

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01202008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000026981			
1. Entity Name OKEE PROPERTY, LLC			
Principal Place of Business 311 BRAZILIAN AVENUE PALM BEACH, FL 33480		Mailing Address 311 BRAZILIAN AVENUE PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 936	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Beach FL	
Zip	Country	Zip	Country
33480	USA	33480	USA
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. C/O EDWARDS ANGELL PALMER & DODGE LLP ONE NORTH CLEMATIS ST, SUITE 400 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: Robert E. Deziel Street Address (P.O. Box Number is Not Acceptable): 311 Brazilian Ave. City: Palm Beach FL Zip Code: 33480	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Robert Deziel</u> DATE: <u>1-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <input type="checkbox"/> Delete <u>Robert E. Deziel</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Robert E. Deziel</u> <u>311 Brazilian Ave</u> <u>Palm Beach FL 33480</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Deziel DATE: 1-21-08 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 346
Daytime Phone # 0105