


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90036 024 ***138.75

DOCUMENT # L07000051902			
1. Entity Name SILVER OAK PROPERTIES, LLC			
Principal Place of Business 15633 CARLTON LAKE RD WIMAUMA, FL 33598		Mailing Address PO BOX 1024 RIVERVIEW, FL 33568	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 204	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BALM, FL.	
Zip		Zip 33503	
Country		Country USA	
4. FEI Number 26-0222940		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THORNTON, RANDALL N 2031 NORTH C-470 LAKE PANASOFFKEE, FL 33538		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MGR SHOOP, JERRY L 15633 CARLTON LAKE RD WIMAUMA, FL 33598 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jerry L. Shoop</u>		Date: <u>4-26-08</u> Daytime Phone #: <u>813-633-0874</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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