2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063686

Entity Name: OAK VIEW VILLAGE, LLC

100 SW 75 STREET, SUITE 205

GAINESVILLE, FL 32607

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19921 W. NEWBERRY ROAD NEWBERRY, FL 32669 **Current Mailing Address: New Mailing Address:** PO BOX 718 NEWBERRY, FL 32669 FEI Number: 26-0404074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLEMAN, KEVIN 19921 W. NEWBERRY ROAD NEWBERRY, FL 32669 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COLEMAN, KEVIN Name: Name: Address: 19921 W. NEWBERRY RD Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KEMPTON, JEFF Name: Address: 8100 NW 15T PLACE Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PUGH, MERRILL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: KEVIN COLEMAN MGRM 03/30/2009