2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# L07000126122

Entity Name: OAKS BROG, LLC

Current Principal Place of Business:

660 GLADES ROAD, SUITE 460
ATTN: J HORNBERGER
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

660 GLADES ROAD, SUITE 460
ATTN: J HORNBERGER
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 32-0225402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVE, SUITE 500 (JAF)
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Title:	MGMR	( ) Delete
Name:	PURITA, JOSEPH R	
Address:	660 GLADES ROAD, SUITE 460	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGMR	(X) Delete
Name:	STEWART, CHARLES E	
Address:	660 GLADES ROAD, SUITE 460	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGMR	(X) Delete
Name:	BROMSON, MARK S	
Address:	660 GLADES ROAD, SUITE 460	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGMR	(X) Delete
Name:	KREBSBACH, MICHAEL J	
Address:	660 GLADES ROAD, SUITE 460	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGMR	(X) Delete
Name:	KOLETTIS, GEORGE J	
Address:	660 GLADES ROAD, SUITE 460	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGMR	(X) Delete
Name:	WOLLOWICK, BURTON S	
Address:	660 GLADES ROAD, SUITE 460	
City-St-Zip:	BOCA RATON, FL 33431	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	ORTHO FLORIDA, LLC,	
Address:	660 GLADES ROAD, SUITE 460	
City-St-Zip:	BOCA RATON, FL 33431 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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.

SIGNATURE: MARK S. BROMSON MGR 05/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date