

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077382

Entity Name: ORIENTAL ACRES, LLC

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

544 NW UNIVERSITY BLVD
SUITE 105
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

544 NW UNIVERSITY BLVD
SUITE 105
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 26-3152671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOST, DOUGLAS S DDS
544 NW UNIVERSITY BLVD
SUITE 105
PORT ST. LUCIE, FL 34986 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: MGRM () Delete
Name: MOST, DOUGLAS S DDS
Address: 544 NW UNIVERSITY BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: MOST, JEAN C
Address: 544 NW UNIVERSITY BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: MARTINI, YOLANDA J
Address: 544 NW UNIVERSITY BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: MARTINI, ELLEN R
Address: 544 NW UNIVERSITY BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR () Delete
Name: MOST, JESSICA I ESQ.
Address: 544 NW UNIVERSITY BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

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: DOUGLAS S. MOST, DDS

MGR

02/03/2009

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