

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079463

Entity Name: 8850 OLD A1A # 5 LLC

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

235 MARSHSIDE DRIVE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

3035 NW 63RD STE # 230  
OKLAHOMA CITY, OK 73116

**New Mailing Address:**

6424 N. PORTLAND  
OKLAHOMA CITY, OK 73116

FEI Number: 27-3142972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BUSHONG, CHARLES  
235 MARSHSIDE DRIVE  
ST, AUGUSTINE, FL 32080 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  
Name: BUSHONG, CHARLES  
Address: 235 MARSHSIDE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM  
Name: PRICE, JAMES R  
Address: 3035 NW 63 STE 230  
City-St-Zip: OKLAHOMA CITY, OK 73116

Title: MGRM  
Name: JACOBS, BOBBY  
Address: 1817 WEST WILSHIRE  
City-St-Zip: NICHOLS HILLS, OK 73116

Title: MGRM  
Name: KLONTZ, KELLY  
Address: 3009 NW 168TH COURT  
City-St-Zip: EDMOND, OK 73012

I hereby 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: BOBBY R JACOBS MD

MGRM

03/24/2011

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