

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 30 AM 10:27

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

L93000000253

OAKS TWO THOUSAND, L.C.
8 2033 MAIN ST
SUITE 104
SARASOTA FL 34237

1a. Principal Place of Business Address

8 2033 MAIN ST
SUITE 104
SARASOTA FL 34237

2. Principal Place of Business

1741 MAIN ST.

Suite, Apt. #, etc.

SUITE 101

City & State

SARASOTA, FL.

Zip

34236

Country

US

2a. Mailing Address

1741 MAIN ST.

Suite, Apt. #, etc.

SUITE 101

City & State

SARASOTA, FL.

Zip

34236

Country

US

3. Date Organized or Qualified

08/11/1993

3a. State of Formation

FL

4. FEI Number

65-0431999

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/06/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 FOURTH AVENUE, WEST
BRADENTON FL 34205

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

PMGR RIVOLTA, PIERO

215 ROBIN DR.

SARASOTA FL

VMGR RIVOLTA, RENZO

215 ROBIN DR.

SARASOTA FL

~~GMGR RIVOLTA, MARELLA~~ *delete*

~~215 ROBIN DR.~~

~~SARASOTA FL~~

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #