


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L94000000245 1. Entity Name OAKVIEW EQUITIES, L.C.	
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Principal Place of Business 6893 SW 18TH ST # 201 BOCA RATON, FL 33433	Mailing Address PO BOX 4877 DEERIFLE BEACH, FL 33442
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02112005 No Chg-LLC

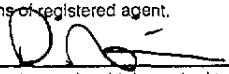
CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0539867	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FIRESTONE, DEBORAH 7910 TENNYSON CT BOCA RATON, FL 33433	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: <u>4/5/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000299550
04/11/05-80113-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EPSTEIN, JOANNE 8950 WESTPARK #312 HOUSTON, TX 77063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM EVERGREEN REALTY CORPORATION OF TEXAS P.O. BOX 630923 HOUSTON, TX 77263
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.	
SIGNATURE:  Debbie Firestone <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: <u>4/5/05</u> DAYTIME PHONE: <u>561-654-6041</u>