## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # L94000000245 04-03-2006 90073 049 \*\*\*\*50.00 1. Entity Name OAKVIEW EQUITIES, L.C. Principal Place of Business #VV#UJ/6 Mailing Address 6893 SW 18TH ST PO BOX 4877 # 201 DEERIFLE BEACH, FL 33442 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address 399 W. CAHINO FARDENS BL Suite, Apt. #, etc. Suite, Apt. #, etc. # 307 01232006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For BOCA R 65-0539867 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIRESTONE, DEBORAH 7910 TENNYSON CT Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33433 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE ☐ Change ■ Addition NAME EPSTEIN, JOANNE NAME STREET ADDRESS 8950 WESTPARK #312 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77063 CITY-ST-7IP TITLE Delete TITES □ Change ☐ Addition **EVERGREEN REALTY CORPORATION OF TEXAS** NAME NAME STREET ADDRESS P.O. BOX 630923 STREET ADDRESS CITY-ST-7IP HOUSTON, TX 77263 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**