


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90303 032 ***138.75

DOCUMENT # L94000000245		
1. Entity Name OAKVIEW EQUITIES, L.C.		

DUU6J110



01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0539867	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Principal Place of Business 399 WEST CAMINO GARDENS BL #307 BOCA RATON, FL 33432	Mailing Address PO BOX 4877 DEERIFLE BEACH, FL 33442
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2. Principal Place of Business - No P.O. Box # 333 CAMINO GARDENS BL	3. Mailing Address
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Suite, Apt. #, etc. #200	Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State
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Zip 33432	Country US	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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FIRESTONE, DEBORAH 7910 TENNYSON CT BOCA RATON, FL 33433		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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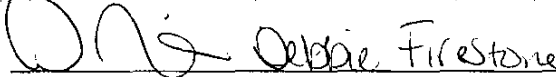
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPSTEIN, JOANNE 8950 WESTPARK #312 HOUSTON, TX 77063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM EVERGREEN REALTY CORPORATION OF TEXAS P.O. BOX 630923 HOUSTON, TX 77263 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **4/17/08** **561-654-6041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #