

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 FEB -7 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000000001**

OAK TREE GP, L.I.C.
6751 SW 125TH TERRACE
MIAMI FL 33156

1a. Principal Place of Business Address

6751 SW 125TH TERRACE
MIAMI FL 33156

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/31/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0715935	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

JACOBS, LAMBERT
6751 SW 125TH TERRACE
MIAMI FL 33156

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
100002084091--3	
Suite, Apt. #, etc.	
02/11/97 01147 002	
****203.75 ****203.75	
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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JORDAN, CASTLE	P.O. BOX 8426	HORSESHOE BAY TX
MGR	RYDER, WILLIAM	2451 BRICKELL AVE APT 20A	MIAMI FL
MGR	PRUSSING, E. MOULTON	111 DUNSMEIR ROAD	PORT LUDLOW WA
MGR	O'CONNELL, DANIEL K	5133 NW 93 DORAL WAY	MIAMI FL
MGR	JACOBS, LAMBERT	6751 SW 125TH TERRACE	MIAMI FL

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:

Lambert Jacobs

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

LAMBERT JACOBS

Date

1/23/97 505235-1461

Daytime Phone #