


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>FEB 26 1998</b> <b>98 MAR 30 PM 2:25</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> <b>L97000000001</b>		1a. Principal Place of Business Address	
OAK TREE GP, LLC. 6751 SW 125TH TERRACE MIAMI FL 33156				6751 SW 125TH TERRACE MIAMI FL 33156 <i>924/1</i>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0715935	
Country		Country		5. Date of Last Report	
				02/07/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
JACOBS, LAMBERT 6751 SW 125TH TERRACE MIAMI FL 33156		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	
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: <i>[Signature]</i>		2/23/98		305-235-1461	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	