## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 22, 2008 08:00 AF Secretary of State

ANNUAL REPORT				Secretary of S	
	MENT # L98000000	361	<b>5</b>		Secretary or S
Entity Name     OAK RIDGE CROSSINGS L.C.			141.4		
Principal Plac	e of Business	Mailing Address			
280 HIGHWA RED BANK, I		280 HIGHWAY 35 RED BANK, NJ 07701			
				 	III 8910 88111 88189 WII 88171 138881 W 1891
				01112008 No Chg-LLC	CR2E083 (12/07)
	O NOT WRITE	IN THIS SPA	CE	•	Applied For
				4. FEI Number 22-3575597	Not Applicable
				5. Certificate of Status Desired	55.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			
COOLEY, PAUL D 1801 SOUTH KEENE ROAD CLEARWATER, FL 33756				DO NOT W	RITE
				e sam ne in in it in a fe	
	•			IN THIS SF	AUE
	named entity submits this statement for tions of registered agent.	he purpose of changing its register	red office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE.			1		·
- CIGINATORIE	-Signature, typed or printed name of registered agent an	d trie if applicable. (NOTE: Register	ed Agent aignature required	when reinstaling)	DATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			•	
9.	MANAGING MEMBER	S/MANAGER\$			
TITLE Name	MGR DUFFY, JAMES O JR				
STREET ADDRESS	280 HWY 35.				
City-ST-ZiP	RED BANK, NJ 07701				g-1000 40
TITLE NAME				0.000 01/23/08	0730640 5600435004   138.875
STREET ADDRESS CITY-ST-ZIP	_				o na antigra de la compansión de la compan La compansión de la compa
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP	-			DO NOT W	/RITE
TITLE				IN THIS SE	PACE
NAME STREET ADDRESS					
CITY-ST-ZIP	1	·			
TITLE NAME	,				
STREET ADDRESS					
CITY-ST-ZIP	i				

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 his report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPED OR PRINTED NAME OF STORING MAJAGING MAJAGING OR AUTHORIZED REPRESENTATIVE

1/11/08 (732)842 0559

Daytime Phone #