


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002176
1. Entity Name
OAKRIDGE PRODUCTS HOLDINGS L.L.C.



Principal Place of Business 2440 TAMiami TRAIL PORT CHARLOTTE, FL 33952	Mailing Address P.O. BOX 512152 PUNTA GORDA, FL 33951-2151
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01142005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0868476	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHAS, FREDERICK P
2440 TAMiami TRAIL
FORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHAS, FREDERICK P P.O. BOX 512152 PUNTA GORDA, FL 339512152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHAS, JUDITH F P.O. BOX 512152 PUNTA GORDA, FL 339512152
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11. I 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 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:  **FREDERICK P. BUCHAS** **1-20-05 941-255-9888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #