


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000004130</b> 1. Entity Name OAKS SOUTH INVESTORS, L.L.C.	
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Principal Place of Business 1320 S DIXIE HWY SUITE 781 CORAL GABLES, FL 33146	Mailing Address 1320 S DIXIE HWY SUITE 781 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



07262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1103033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BROWN, GARY L ESQ  
4000 HOLLYWOOD BLVD., #265-SOUTH  
HOLLYWOOD, FL 33021

**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.

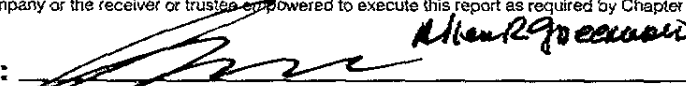
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWALD, ALLEN R 1320 S DIXIE HWY SUITE 781 CORAL GABLES, FL 33146
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:**  **7/31/04** **305 667-4256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #