


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M00000001312 |  |
| 1. Entity Name OAK STREET MORTGAGE LLC | |

| | |
|---|---|
| Principal Place of Business 11595 N. MERIDIAN ST., SUITE 400 CARMEL, IN 46032 | Mailing Address 11595 N. MERIDIAN ST., SUITE 400 CARMEL, IN 46032 |
|---|---|

DO NOT WRITE IN THIS SPACE



03232005 No Chg-LLC CR2E083 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 35-2088209 | 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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TRENT, DENNIS L VP 11595 N. MERIDIAN STREET, SUITE 400 CARMEL, IN 46032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALONSO, STEVEN PRES 11595 N. MERIDIAN STREET, SUITE 400 CARMEL, IN 46032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000230613
04/06/05-80076-002 50.00

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: Dennis L. Trent Dennis L. Trent, Vice President 4/4/05 317-805-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #