


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M00000001312</b> 1. Entity Name OAK STREET MORTGAGE LLC	
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Principal Place of Business 11595 N. MERIDIAN ST., SUITE 400 CARMEL, IN 46032	Mailing Address 11595 N. MERIDIAN ST., SUITE 400 CARMEL, IN 46032
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**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 35-2088209	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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