

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002218

Entity Name: OAKLEY SAVANNAH, LLC

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

101 ABC ROAD
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

101 ABC ROAD
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 58-2468112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OAKLEY, THOMAS E
101 ABC ROAD
LAKE WALES, FL 33853

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OAKLEY, THOMAS E
Address: 101 ABC ROAD
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM () Delete
Name: OAKLEY, RONALD E
Address: 101 ABC ROAD
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM () Delete
Name: WALKER, WADE H
Address: 101 ABC ROAD
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM () Delete
Name: OAKLEY, TOM ED
Address: 2655 EAGLE COURT
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS E OAKLEY

MGR

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date