

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002802

1. Entity Name
OAKMONT GROVE VENTURE LLC



Principal Place of Business
**401 WEST COLONIAL DRIVE, SUITE 7
ORLANDO, FL 32804**

Mailing Address
**401 WEST COLONIAL DRIVE, SUITE 7
ORLANDO, FL 32804**



02052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0117918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, THOMAS R
14 EAST WASHINGTON STREET, SUITE 600
ORLANDO, FL 32801**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TAAFE, PETER C
4550 POST OAK PLACE, SUITE 220
HOUSTON, TX 77027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
YTTERBERG, ALAN V
1301 MCKINNEY, SUITE 5100
HOUSTON, TX 77010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MACARTHUR, WILLIAM H
401 W. COLONIAL DRIVE, SUITE 7
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FANT, JAMES H
401 W. COLONIAL DRIVE, SUITE 7
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000041838
02/09/04-80105-006 50.00

**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)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES H. FANT

Date

Daytime Phone #

2/6/04 407 925-8276