

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**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**



04302007No Chg-LLC

CR2E083 (11/05)

**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**

**MCARTHUR, WILLIAM H  
401 W COLONIAL DR  
SUITE 7  
ORLANDO, FL 32804**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TAAFE, PETER C
STREET ADDRESS	4550 POST OAK PLACE, SUITE 220
CITY-ST-ZIP	HOUSTON, TX 77027
TITLE	MGR
NAME	YTTERBERG, ALAN V
STREET ADDRESS	1301 MCKINNEY, SUITE 5100
CITY-ST-ZIP	HOUSTON, TX 77010
TITLE	MGR
NAME	MACARTHUR, WILLIAM H
STREET ADDRESS	401 W. COLONIAL DRIVE, SUITE 7
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	MGR
NAME	FANT, JAMES H
STREET ADDRESS	401 W. COLONIAL DRIVE, SUITE 7
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80120-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*Donna Westfall* Donna Westfall 4/30/07 407-425-8276