

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004064

1. Entity Name  
OAKTREE ASSET MANAGEMENT, LLC



Principal Place of Business

902 CLINT MOORE ROAD, SUITE 116  
BOCA RATON, FL 33487

Mailing Address

902 CLINT MOORE ROAD, SUITE 116  
BOCA RATON, FL 33487

FILED

05 APR 26 PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
42-1623695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOTTOMS, DAVID  
902 CLINT MOORE ROAD, SUITE 116  
BOCA RATON, FL 33487

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

500054290015  
05/11/05--01042--023 \*\*200.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BOTTOMS, DAVID 30 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ORBEN, JACK 30 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PENN, JOHN 30 WALL STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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:

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

Date

Daytime Phone #

561-991-5601