

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90031 031 \*\*\*\*50.00

<b>DOCUMENT # M04000004064</b> 1. Entity Name <b>OAKTREE ASSET MANAGEMENT, LLC</b>			
Principal Place of Business <b>902 CLINT MOORE ROAD, SUITE 116 BOCA RATON, FL 33487</b>		Mailing Address <b>902 CLINT MOORE ROAD, SUITE 116 BOCA RATON, FL 33487</b>	
2. Principal Place of Business <b>30 WALL STREET</b>		3. Mailing Address <b>902 CLINT MOORE RD.</b>	
Suite, Apt. #, etc. <b>STE 1203</b>		Suite, Apt. #, etc. <b>STE 116</b>	
City & State <b>NEW YORK, NY</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>10005</b>		Zip <b>33487</b>	
Country <b>NEW YORK NY</b>		Country <b>PALM BEACH</b>	
4. FEI Number <b>42-1623695</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOTTOMS, DAVID 902 CLINT MOORE ROAD, SUITE 116 BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 <u><i>David Bottoms</i></u> DATE <u>4/4/06</u> <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BOTTOMS, DAVID 30 WALL STREET NEW YORK, NY 10005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ORBEN, JACK 30 WALL STREET NEW YORK, NY 10005</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PHILLIP L. CONOVER 30 WALL STREET NEW YORK, NY 10005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PENN, JOHN 30 WALL STREET NEW YORK, NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*David Bottoms*

5/4/06

ATTACHMENT

30068190

OAKTREE ASSET MANAGEMENT, LLC

902 Clint Moore Road

Suite 116

Boca Raton, FL 33487

(561) 997-5601

May 8, 2006

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Re: M04000004064

Dear Madam or Sir:

The annual report for our firm was returned to us not being properly signed. The report is now correctly signed, and we are now returning it to your Division for filing.

Thank you for your assistance in this matter. Please do not hesitate to contact me should you have any questions or comments, or need additional information.

Sincerely,



Susanne V. Rosenfeldt  
Compliance Administrator