

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000382

Entity Name: OAK TREE HOLDINGS, L.L.C.

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

6898 SE SLEEPY HOLLOW LN
STUART, FL 34997PAST

New Principal Place of Business:

6898 SE SLEEPY HOLLOW LN
STUART, FL 34997 US

Current Mailing Address:

6898 SE SLEEPY HOLLOW LN
STUART, FL 34997PAST

New Mailing Address:

6898 SE SLEEPY HOLLOW LN
STUART, FL 34997 US

FEI Number: 38-3577236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTOR, TERRI
6898 SE SLEEPY HOLLOW LN
STUART, FL 34997 US

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/MANAGERS:

Title: MGR () Delete
Name: PASTOR, GARY
Address: 6898 SW SLEEPY HOLLOW LN
City-St-Zip: STUART, FL 34997

Title: MGR () Delete
Name: PASTOR, TERRI
Address: 6898 SW SLEEPY HOLLOW LN
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PASTOR, GARY
Address: 6898 SE SLEEPY HOLLOW LN
City-St-Zip: STUART, FL 34997 US

Title: MGR (X) Change () Addition
Name: PASTOR, TERRI
Address: 6898 SE SLEEPY HOLLOW LN
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERRI PASTOR

MGR

01/18/2006

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