2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 03, 2006 8:00 am Secretary of State

(858)812-6711

Date

ANNUAL REPORT						Secretary of State				
DOCUMENT # M05000002626							02-03-2006	-		
Entity Name OASIS CLUB FF LLC										
OASIS CL	TOR EF F	.LC								
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Principal Place of Business Mailing Address										
5510 MOREHOUSE DRIVE, SUITE 200		5510 MOREHOUSE DRIVE, SUITE 200			9.04	0046	ζ ζ			
SAN DIEGO, (JA 92121		SAN DIEGO, CA 92121				201	UUZU	00	
2, Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006	Chg-LLC	CR2E	083 (11/05)		
Ch. 9 Ch.				4 55111	Fre 20-312	2035	1 1	-1:1 5		
City & State		City & State			APPLIE	D FOR	JG		plied For at Applicable	
Zip		Country	Zip	Country		5. Certificat	e of Status Desired	M	\$5.00 Add	
	6 Name	and Address of Current R	enistered Anent	L_ -		<u> </u>	Address of New		Fee Require	d
6. Name and Address of Current			agiotolog rigoni	Nam	ne	***************************************				-
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Stree	et Address ((P.O. Box Numi	per is Not Acceptab	le)		
		32301-2525								
		ţ		City				F	L Zip Cod	e
	named entity ions of regist	y submits this statement for tered agent.	the purpose of changing its	registered offic	e or register	red agent, or be	oth, in the State of F	lorida. I ar	n familiar with,	and accept
SIGNATURE .										
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd tate it applicable. (NOT)	E; Registered Agent si	ignature required	d when reinstating)		DATE		
			nd title if applicable. (NOT	E; Røgistered Agent si	ignature required	d when reinstating)	Ma		payable to	
, Fi	Signature, typed ling Fee in the by May	is \$50.00	d title ii applicable. (NOTI	E: Røgistered Agent si	ignature reduired	d when reinstating)	i e	ke check		
Fi Di	ling Fee	is \$50.00		E: Røgistered Agent si	ignature required	d when reinstating)	Florid	ke check la Depart	payable to ment of State	0
, Fi	ling Fee	is \$50.00 y 1, 2006			ignature reduired	d when reinstating)	i e	ke check la Depart	payable to ment of State	• Addition
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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: RICH and Swanson Signature and typed on printed name of signing managing member, manager, or uthorized representative