


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000007680</b> 1. Entity Name 1600 WEST OAKLAND PARK, L.L.C.	
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Principal Place of Business 1600 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311	Mailing Address 1600 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311
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01072008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964519	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FAWLEY, MICHAEL R  
 2518 ARBOR DRIVE  
 FT. LAUDERDALE, FL 33312

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75


**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CHAMBERLAIN, LAWRENCE
STREET ADDRESS	2015 N. 28TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGRM
NAME	ZEIGLER, LINDA
STREET ADDRESS	2900 N.E. 15TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGRM
NAME	FAWLEY, MICHAEL R
STREET ADDRESS	2518 ARBOR DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGRM
NAME	GAI, MICHAEL
STREET ADDRESS	10360 GROVE LANE
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000783625  
 01/16/08-80022-008 138.75

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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:**       1/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #