

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L00000011642

**1. Entity Name
PARKCREST APARTMENTS, L.L.C.**



**Principal Place of Business
150 NE 38 ST
OAKLAND PARK, FL 33334**

**Mailing Address
P O BOX 24943
FT. LAUDERDALE, FL 33307-4943**



03302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2660145**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANTA, BRADFORD C
4050 NORTHEAST 1ST AVE., STE. 117
OAKLAND PARK, FL 33334**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME BANTA, CATHERINE M
STREET ADDRESS 4050 NORTHEAST 1ST AVE., STE. 117
CITY-ST-ZIP OAKLAND PARK, FL 33334**

**TITLE MGR
NAME BANTA, BRADFORD C
STREET ADDRESS 4050 NORTHEAST 1ST AVE., STE. 117
CITY-ST-ZIP OAKLAND PARK, FL 33334**

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CITY-ST-ZIP**

1100000558380
05/17/06-80134-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Bradford C. Banta

Bradford C. Banta

4-13-06

954 566 0759

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

Date

Daytime Phone #