2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L00000012610

OAKLAND PARK STATION, LLC



Principal Place of Business

1500 W CYPRESS CREEK RD

STE 409

FORT LAUDERDALE, FL 33309

Mailing Address

1500 W CYPRESS CREEK RD

STE 409

FORT LAUDERDALE, FL 33309

FILED Mar 23, 2005 8:00 am **Secretary of State**

03-23-2005 90241 043 ****50.00

20024197



03142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1047071 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

BRENNER REAL ESTATE GROUP 1500 W CYPRESS CREEK RD STE 409

FORT LAUDERDALE, FL 33309

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	e named entity submits this statement for the	he purpose of changing its re	egistered office or registered agen	t, or both, in the State of Florida.	I am familiar with, and accer
ane obliga	tions of registered agent.	•			
SIGNATURE					
	Signature, typed or printed name of registered agent and	title if applicable (NOTE:	Registered Agent signature required when reins:	ating)	DATE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS			
TITLE	P			
NAME	BRENNER, SCOTT			
STREET ADDRESS	1500 W CYPRESS CREEK RD STE 409			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			
TITLE	s			
NAME .	HOROWITZ BRIAN			
STREET ADDRESS	1500 ALC OF AS LEGEN RD STE 409			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			
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NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the ex-				

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Daytime Phone #