2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # L01000004766 **Secretary of State** 1. Entity Name OAKTON COMMONS, LLC Principal Place of Business Mailing Address 2101 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445 2101 SOUTH CONGRESS AVE. **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 65-1106449 Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELMORE, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 Zip Code City 6. 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, typed or printed name or registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Change Addition TITLE Delete TITLE MGRM NAME ELMORE, GEORGE T MARTE U000**00**418953 02/14/06-80028-002 **50.00** STREET ADDRESS STREET ADDRESS 2101 S. CONGRESS AVE. CITY-ST-ZIP CHTY - ST - ZIP **DELRAY BEACH FL 33445** ☐ Delete ☐ Change Addition TITLE TITLE NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-7/P TITLE ☐ Delete TIDE ☐ Change ☐ Addilion NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TIRE Change Addition NAME NAME STREET ACCRESS STREET ASDRESS CITY - \$7 - 21P CITY - ST-ZIP THEF Delete ☐ Change ☐ Addition 37135 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 flability company or the accuracy or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GEORGE T. ELMORE

SIGNATURI

FILED

1-24-06 561-278-0456