

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000020387

1. Entity Name
INDUSTRIAL PARK AT OAKLAND, L.C.



Principal Place of Business
**818-838 NE 40 COURT
OAKLAND PARK, FL 33334**

Mailing Address
**838 NE 40 COURT
OAKLAND PARK, FL 33334**

FILED
Apr 17, 2006 08:00 AM
Secretary of State



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0031235

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUENCH, KEVIN
818-838 NE 40 COURT
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

000000515320
04/29/06-80204-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MUENCH, KEVIN
STREET ADDRESS	818-838 NE 40 COURT
CITY- ST- ZIP	OAKLAND PARK, FL 33334

TITLE	MGR
NAME	MUENCH, MAY-FRANCE
STREET ADDRESS	818-838 NE 40 COURT
CITY- ST- ZIP	OAKLAND PARK, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

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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: Kevin Muench Kevin Muench

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

4-8-06

Date

954-214-8425

Daytime Phone #