

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT-# L02000002342

1. Entity Name
OAK GROVE ASSOCIATES, L.L.C.



FILED
Jul 05, 2005 08:00 AM
Secretary of State

Principal Place of Business
1130 E. HALLANDALE BEACH BLVD
B
HALLANDALE, FL 33009

Mailing Address
1130 E. HALLANDALE BEACH BLVD
B
HALLANDALE, FL 33009



06302005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0870890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT, NORMAN T
50 WEST MASHTA DRIVE
SUITE 2
KEY BISCAYNE, FL 33149

**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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KATZ, EZRA
2665 SOUTH BAYSHORE DR PH2A
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORROW, ILANA
10837 CHANSTEN PL
HOLLYWOOD, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORROW, ILANA
10857 CHARLESTON PL
COOPER CITY, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000370320
07/05/05-80011-004 50.00

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IN THIS SPACE**

11. 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

Date

Daytime Phone #