FILED
Apr 17, 2003 8:00 am
Secretary of State

3/1 03-19-2003 90043 040 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002342

1. Entity Name

OAK GROVE ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
4300 NORTH UNIVERSITY DRIVE SUITE B-104 LAUDERHILL FL 33351	4300 NORTH UNIVERSITY DRIVE SUITE B-104 LAUDERHILL FL 33351

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4300 N. UNIVERSITY DRIVE	4300 N UNIVERSITY DRIVE
Suite, Apt. #, etc.: F200	Suite, Apt. #, etc.: F200
City & State: LAUDERHILL FL	City & State: LAUDERHILL FL
Zip: 33351 Country: BROWARD	Zip: 33351 Country: BROWARD

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	7. Name and Address of New Registered Agent
ROBERT, NORMAN T 50 WEST MASHTA DRIVE SUITE 2 KEY BISCAYNE FL 33149	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER EZRA KATZ	☐ Delete	MANAGING MEMBER EZRA KATZ 2665 South Bayshore Dr. PH2A Coconut Grove FL 33133	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ILANA MORROW	☐ Delete	MANAGER ILANA MORROW 10637 Charlston Pl; Cooper City FL 33026	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MANAGER ~~DAVID MORROW~~ 10837 Charlston Pl. Cooper City FL 33026	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED - MANAGER 3/18/03 954-749-2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #