2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 16 AM 9:53

DOCUMENT # L02000030184

1. Entity Name
OAKLAND PARK CAFE LLC

Principal Place of Business	Mailing Address
3175 NE 12TH AVE OAKLAND PARK, FL 33334 US	3175 NE 12TH AVE OAKLAND PARK, FL 33334 US

09072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3148 NE 12TH AVE Suite, Apt. #, etc.	3148 NE 12TH AVE Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL	City & State: OAKLAND PARK, FL
Zip: 33334 Country: BROWARD	Zip: 33334 Country: BROWARD

4. FEI Number: 05-1657478 ☐ 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
BECKER, WILLIAM F 3100 NE 58TH STREET FORT LAUDERDALE, FL 33308	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: WILLIAM F. BECKER MANAGING MEMBER 9/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LIBERACE, MARGARET C 2015 NE 18TH STREET A FORT LAUDERDALE, FL 33305	☐ Delete	MGMR WILLIAM F. BECKER 3100 NE 58th St FORT LAUDERDALE FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	GENERAL MANAGER THOMAS CHAD STARK 3100 NE 58th ST. FORT LAUDERDALE FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100060050391 09/28/05--01054--011 **55.00	☐ 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

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: WILLIAM F. BECKER 9/1/05 9544939481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #