


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90067 013 ****50.00

DOCUMENT # L02000031872 1. Entity Name OAK FOREST HOTELS, LLC					
Principal Place of Business 18450 NE 30TH PLACE 2275 State Rd 84 AVENTURA, FL 33160 US			Mailing Address 18450 NE 30TH PLACE AVENTURA, FL 33160 US		
2. Principal Place of Business 2275 State Rd 84 Suite, Apt. #, etc. Executive Office City & State FT. LAUDERDALE, FL Zip 33312 Country USA			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 48-1291464			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04242004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A ESQ. 2450 NE MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180			7. Name and Address of New Registered Agent Name David Katz Street Address (P.O. Box Number is Not Acceptable) 18450 NE 30TH PLACE City Aventura FL Zip Code 33160		
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 <u>David Katz, Managing Member</u> DATE <u>4-26-2004</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, DAVID D 18450 NE 30TH PLACE AVENTURA, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSTEIN, MICHAEL H 18450 NE 30TH PLACE AVENTURA, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSTEIN, MICHAEL H 19805 OCEAN DRIVE, 14G HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael Epstein</u> <u>Michael Epstein</u> 4/26/04 954-581-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					