

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90277 046 ****50.00

DOCUMENT # L02000033856

1. Entity Name
OAKLAND PARK BOULEVARD ASSOCIATES, LLC



Principal Place of Business
**2430 WEST OAKLAND PARK BOULEVARD
FT. LAUDERDALE, FL 33311**

Mailing Address
**P.O. BOX 9007
BARTOW, FL 33831**

20007805



02032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1990428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STANTON, DAVID
2430 WEST OAKLAND PARK BOULEVARD
FT. LAUDERDALE, FL 33311**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CAMPANO, E. LUIS
280 E MAIN STREET
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STANTON, DAVID
2430 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WEINBERG, MICHAEL
2430 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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

E. Luis Campano

E. Luis Campano 2-3-05 (863) 519-5678

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

Date

Daytime Phone #

519-5678