

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000008180

1. Entity Name

OAKLAND PARK ACRES, LLC



FILED

2005 APR -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1051 HILLSBORO MILE, APT. 906E
HILLSBORO BEACH FL 33062

Mailing Address

1051 HILLSBORO MILE, APT. 906E
HILLSBORO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0440452

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

ATKINSON, WILSON C III ESQ
C/O ATKINSON, DINER, STONE, MANKUTA & PLOU
1946 TYLER STREET
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STROK, ELIZABETH J
1051 HILLSBORO MILE, APT. 906E
HILLSBORO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: *Elizabeth J. Strok* MGRM

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

4/1/05 954-946-4541
Date Daytime Phone #