2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State

DOCU						02 000	•	
DOCUMENT # L03000011088 1. Entity Name OAKPARK ACQUISITIONS, LLC					0	4-14-2004 9	0284 003 ****50	00.00
Principal Place	e of Business	Mailing Address					9494190	0
2401 PGA BLVD., STE. 280 2401 PGA BLVD., STE. 280			280				2404139	0
	I GARDENS, FL 33410		PALM BEACH GARDENS, FL 33410					
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Suite, Apt. #, etc.		Suite, Apt. #, etc. 57E 5080			01292004 (Chg-LLC	CR2E083 (10/03)	
City & State		PAIN BEALL GARDENS, FL		 Fد	4. FEI Number	90104		plied For
Zip	Country	Zip	Country -	~ (\$5.00 val	
		33410		`	5. Certificate of S	tatus Desired	Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Re	gistered Agent	
CARY IO	LINI VAZ III		Name					
GARY, JO	TRYCH & RYAN, P.A.		Street A		dress (P.O. Box Number is Not Acceptable)			
	IWY ONE, STE. 402	<u> </u>						
N. PALM B	BEACH, FL 33408				:			
			City				FL Zip Cod	e
8. The above	e named entity submits this statement f	or the purpose of changing its r	enistered office o	r register	ed agent or both in	the State of Flor		and accept
	tions of registered agent.	or the parpose of thanging the t	og.o.c. da dillo d	. regiotor	od agont of both, if		Total Tariffication	ана досор.
SIGNATURE .		•						
Oldivatione :	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signal	hure required	when reinstation)		DATE	
				ibio redolico			7	
	iling Fee is \$50.00 ue by May 1, 2004			, required			check payable to Department of State	• * * * * * * * * * * * * * * * * * * *
			10.		i i	Florida	check payable to Department of State	•
D:	ue by May 1, 2004	ERS/MANAGERS		MGRI			check payable to Department of State CHANGES	e
9.	ue by May 1, 2004 MANAGING MEMB		10.			Florida	check payable to Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR BILLS, JOHN C 2401 PGA BLVD., STE. 280	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS			Florida	check payable to Department of State CHANGES	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:

AND TYPED OR PRINTED NAME OF STONING MANAGING MEME

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/25/04

581-627-7551

Daytime Phone #