

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90174 038 ****50.00

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| DOCUMENT # L03000011088 | | | | | |
| 1. Entity Name OAKPARK ACQUISITIONS, LLC | | | | | |
| Principal Place of Business 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS, FL 33410 | | | Mailing Address 3950 RCA BLVD STE 5000 PALM BEACH GARDENS, FL 33410 | | |
| 2. Principal Place of Business - No P.O. Box # 3950 RCA BLVD STE 5000 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Palm Beach Gardens, FL | | City & State | | 4. FEI Number 38-3690104 | |
| Zip 33410 | | Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A. 701 U.S. HWY ONE, STE. 402 N. PALM BEACH, FL 33408 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BILLS, JOHN C 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BILLS, JOHN CLARK 3950 RCA BLVD STE 5000 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARY, JOHN W II 701 US HWY ONE STE 402 NORTH PALM BEACH, FL 33408 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FREDERICKSON, TUCKER 2000 PGA BLVD STE 2204 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BILLS, VIRGINIA K. 3950 RCA BLVD. STE 5000 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GARY, ELIZABETH 701 US HWY ONE STE 402 NORTH PALM BEACH FL 33408 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | | JOHN C. Bills | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date: 4/13/7 Daytime Phone #: 561-627-7551 | | |