


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013510**

1. Entity Name  
**ZAM-OAKLAND PARK STATION, LLC**



Principal Place of Business      Mailing Address

**1500 W CYPRESS CREEK RD, STE 409  
 FORT LAUDERDALE, FL 33309**      **1500 W CYPRESS CREEK RD, STE 409  
 FORT LAUDERDALE, FL 33309**



**DO NOT WRITE IN THIS SPACE**

03142005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**65-1047067**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT —  
 1500 W CYPRESS CREEK RD, STE 409  
 FORT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

000000271877  
 03/21/05-80065-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BRENNER, SCOTT
STREET ADDRESS	1500 W CYPRESS CREEK RD, STE 409
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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:** \_\_\_\_\_ **3/17/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #