


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90003 026 \*\*\*\*50.00

<b>DOCUMENT # L03000019885</b>	
<b>1. Entity Name</b> OAKLAND GROVE COMMERCE CENTER, L.L.C.	

<b>Principal Place of Business</b> 5300 NORTH FEDERAL HWY. FORT LAUDERDALE FL 33308	<b>Mailing Address</b> 5300 NORTH FEDERAL HWY. FORT LAUDERDALE FL 33308
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

<b>4. FEI Number</b>		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
NORFLEET, LLOYD C 5300 NORTH FEDERAL HWY. FORT LAUDERDALE FL 33308		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

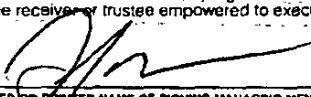
**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

**SIGNATURE** \_\_\_\_\_ (Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reuniting)) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>	
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<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORFLEET, LLOYD C 5300 NORTH FEDERAL HWY. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **4/27/04** **954-489-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #