


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000024989 1. Entity Name DP OAKLAND, LLC	
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Principal Place of Business
1401 UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS, FL 33071

Mailing Address
P.O. BOX 266366
WESTON, FL 33326



01242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0614679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HUME, JOHN
1401 UNIVERSITY DRIVE, SUITE 301
C/O HUME & JOHNSON, P.A.
CORAL SPRINGS, FL 33071

**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 _____

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

(NOTE: Registered Agent signature required when relocating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINOL, ANDRES A 2853 EXECUTIVE PARK DRIVE SUITE 202 WESTON, FL 33331
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04/21/06-80009-029 50.00

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IN THIS SPACE**

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: Andres Finol

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

4/3/06 954-384-0587
Date Daytime Phone #