2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000029616



FILED May 09, 2006 8:00 am Secretary of State

1. Entity Nam OAKLAN[D PARKS	SIDE APARTMENTS	:			05-09-2006	90007 0:	29 ****50	0.00			
Principal Place of Business C/O BANTA PROPERTIES P.O. BOX 24943 FT. LAUDERDALE, FL 33307 US			Mailing Address C/O BANTA PROPERTIES P.O. BOX 24943 FT. LAUDERDALE, FL 33307 US		US			 V esto ileto i l		DOR 811 SESS		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03272006	Chg-LLC	CR2E0	083 (11/05)			
City & State			City & State			4. FEI Numb 20-024			ļ., ļ	plied For t Applicable		
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	litional d		
	6. Name	and Address of Current R				7. Name and	Address of New F	Registered	Agent			
ANGELO	RADDY &	BOLDT, P.A.			Name Ana	elo and	Banta, P	.Α.				
	OLAS B	OULEVARD			Street Address (P.O. Box Number is Not Acceptable) 515 Las Olas Blvd							
FT. LAUDE		FL 33301	5		Svi	te 850						
					City Ft	anderdo	ماه	FL	Zip Code	ဦ <u>ဝ</u> (
	named entit ions of regist		the purpose of changing its									
SIGNATURE Signature, typed or printed name of registered agent and tyle if applicable (NOTE Registered Agent signature required when reinstating) DATE DATE												
Filing Fee Is \$50.00 Due by May 1, 2006				'								
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9.	ue by Ma	ls \$50.00 y 1, 2006 MANAGING MEMBEF	RS/MANAGERS	10.				a Departm	ent of State	e		
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9. TITLE NAME	MGRM BANTA, E	MANAGING MEMBER BRADFORD C	<u>_</u>	TITLE	E		Florid	a Departm	ent of State			
9.	MGRM BANTA, E 1409 MID	y 1, 2006 MANAGING MEMBER	<u>_</u>	TITLE NAMI STRE			Florid	a Departm	ent of State			
9. TITLE NAME STREET ADDRESS	MGRM BANTA, E 1409 MID	MANAGING MEMBER BRADFORD C DLE RIVER DRIVE	<u>_</u>	TITLE NAMI STRE	E ET ADORESS -ST-ZIP		Florid	a Departm	ent of State			
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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: _	an	10m	-Bradford C. Banta	4-13-06	954 566 0759
	AND TYPED OR PRINTED NAME OF SIGN	NG MANAGING MEMBER, MANA	GER, OR AUTHORIZED REPRESENTATIVE	Date	Deytime Phone # .