

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-09-2006 90007 029 \*\*\*\*50.00

<b>DOCUMENT # L03000029616</b> 1. Entity Name <b>OAKLAND PARKSIDE APARTMENTS, LLC</b>					
Principal Place of Business <b>C/O BANTA PROPERTIES P.O. BOX 24943 FT. LAUDERDALE, FL 33307 US</b>			Mailing Address <b>C/O BANTA PROPERTIES P.O. BOX 24943 FT. LAUDERDALE, FL 33307 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0241086</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ANGELO, BARRY &amp; BOLDT, P.A. 515 E. LAS OLAS BOULEVARD SUITE 850 FT. LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name <b>Angelo and Banta, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 Las Olas Blvd</b> Suite <b>850</b> City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33301</b>	
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 <u><i>[Signature]</i></u> <b>Partner GAVIN S. BANTA, PARTNER</b> <b>4-27-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BANTA, BRADFORD C 1409 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BANTA, CATHERINE M 1409 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>Bradford C. Banta</b> <b>4-13-06</b> <b>954 566 0759</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					