

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000029616

1. Entity Name
OAKLAND PARKSIDE APARTMENTS, LLC



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**



03232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0241086

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANGELO AND BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FT. LAUDERDALE, FL 33301**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BANTA, BRADFORD C
1409 MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BANTA, CATHERINE M
1409 MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33304**

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

U00000752150
05/21/07-80005-001 50.00

**DO NOT WRITE
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: _____

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

Bradford C. Banta 4-24-07 954 566 0799

Date

Daytime Phone #