

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000046345**

1. Entity Name  
**THE OAKS AT OAKLAND PARK, LLC**



Principal Place of Business

**1500 WEST CYPRESS CREEK ROAD, SUITE 409  
FORT LAUDERDALE, FL 33309**

Mailing Address

**1500 WEST CYPRESS CREEK ROAD, SUITE 409  
FORT LAUDERDALE, FL 33309**



03232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**74-3124837**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT  
C/O BRENNER REAL ESTATE GROUP, INC.  
1500 WEST CYPRESS CREEK ROAD, SUITE 409  
FT. LAUDERDALE, FL 33309**

**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**

U00000694695  
04/17/07-80031-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE OAKS MM, LLC
STREET ADDRESS	1500 WEST CYPRESS CREEK ROAD, SUITE 409
CITY-ST-ZIP	FORT LAUDERDALE, 33 309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

**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

**4/3/07**

Date

**954-596-5555**

Daytime Phone #