

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 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



04172008 No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 |

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| STREET ADDRESS | |
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05/22/08-80057-019 143.75

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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:

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

Date

Daytime Phone #