

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068537

FILED
Mar 17, 2005
Secretary of State

Entity Name: OAK LAKES, LLC

Current Principal Place of Business:

ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

C/O STEPHEN E. MYERS, JR.
28 WEST GRAND AVENUE
MONTVALE, NJ 07645 US

New Mailing Address:

C/O STEPHEN E. MYERS, SR.
28 WEST GRAND AVENUE
MONTVALE, NJ 07645 US

FEI Number: 20-2387425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD I. HERTZ, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MYERS, STEPHEN E JR.
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MYERS, STEPHEN E SR.
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR () Change (X) Addition
Name: TOMEU, ENRIQUE A
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW G. SCHINDEL, ESQ.

AR

03/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date