


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90018 020 \*\*\*\*55.00

DOCUMENT # L04000094295	
1. Entity Name THE OAKS MM, LLC	

Principal Place of Business 1500 WEST CYPRESS ROAD, STE. 409 FORT LAUDERDALE, FL 33309	Mailing Address 1500 WEST CYPRESS ROAD, STE. 409 FORT LAUDERDALE, FL 33309
--	--



02242006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2274294	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  BRENNER, SCOTT F 1500 WEST CYPRESS ROAD, STE. 409 FORT LAUDERDALE, FL 33309
--

<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
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, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEMBER</del> Managing Member BRENNER, SCOTT F. 1500 W CYPRESS CREEK RD, STE 409 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEMBER</del> Managing Member Charles M. Brenner 1500 W Cypress Creek Rd Ste 409 Ft. Lauderdale, FL 33309
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	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 # \_\_\_\_\_