

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011213

Entity Name: OLEANDER PARK LLC

FILED
Jan 30, 2006
Secretary of State

Current Principal Place of Business:

6102 NW GAUSE AVE.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

6102 NW GAUSE AVE.
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, LON
2509 CITRUS AVENUE
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

LEVINE, MICHAEL R
6102 N.W. GAUSE AVE
PORT ST LUCIE, FL 34986 US

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: MICHAEL LEVINE

01/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARSONS, LON
Address: 2509 CITRUS AVE
City-St-Zip: FORT PIERCE, FL 34947 US

Title: MGRM () Delete
Name: LEVINE, MICHAEL
Address: 6102 NW GAUSE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL LEVINE

MGR

01/30/2006

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