

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90023 015 ****50.00

DOCUMENT # L05000061380

1. Entity Name

WHITE OAK RIVER DEVELOPMENT GROUP, L.L.C.



Principal Place of Business

3111 UNIVERSITY DRIVE, SUITE 610
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE, SUITE 610
CORAL SPRINGS FL 33065



2. Principal Place of Business

6131 Lyons Road
Suite 200

3. Mailing Address

← Same
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

COCONUT CREEK, FL
Zip 33073 Country USA

City & State

City & State
Zip Country

4. FEI Number

20-3073401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, GARY L ESQ.
C/O PHILLIPS, EISINGER & BROWN, P.A.
4000 HOLLYWOOD BLVD., SUITE 265-S
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name ANDREW ZUCKERMAN

Street Address (P.O. Box Number is Not Acceptable)

6131 LYONS ROAD #200
City COCONUT CREEK FL Zip Code 33073

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

3/20/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WHITE OAK RIVER G.P., L.L.C.	
STREET ADDRESS	3111 UNIVERSITY DRIVE, SUITE 610	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-20-06