

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90136 022 ****50.00

DOCUMENT # L05000066181 1. Entity Name OAKLAND ESTATES, LLC					
Principal Place of Business 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS FL 33410 US			Mailing Address 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS FL 33410 US		
2. Principal Place of Business			3. Mailing Address 3300 PGA BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc. SUITE 625		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3101391	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHN, BOYER W 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 PGA BLVD STE 625 City FL Zip Code	
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 <u><i>John Boyer</i></u> (NOTE: Registered Agent signature required when renewing) DATE <u>1/30/06</u>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOYER, JOHN W 4400 PGA BLVD., SUITE 900 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3300 PGA BLVD Suite 625 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HASSAN, CHARLES 4400 PGA BLVD., SUITE 900 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER 3300 PGA BLVD Suite 625 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HASSAN, CHARLES 4400 PGA BLVD., SUITE 900 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER 793 HARRISON ISLES COURT NORTH PALM BEACH FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HASSAN, CHARLES 4400 PGA BLVD., SUITE 900 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HASSAN, CHARLES 4400 PGA BLVD., SUITE 900 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>John Boyer</i></u> DATE <u>1/30/06</u> PHONE <u>561-622-1974</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #</small>					



ATTACHMENT
20012205

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

OAKLAND ESTATES, LLC
3300 PGA BLVD
SUITE 625
PALM BEACH GARDENS, FL 33410 US

Subject: OAKLAND ESTATES, LLC

Reference Number: L05000066181

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION