



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90084 012 ****50.00

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| DOCUMENT # L05000075946 | | | |  | |
| 1. Entity Name SEVENTY THREE OAKS, LLC | | | | | |
| Principal Place of Business 303 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442 US | | | Mailing Address 303 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442 US | | |
| 2. Principal Place of Business 3880 Skindaw Street Suite, Apt. #, etc. | | 3. Mailing Address 3880 Skindaw Street Suite, Apt. #, etc. | |  | |
| City & State Hollywood, FL Zip 33021 | | City & State Hollywood, FL Zip 33021 | | Country USA | |
| City & State Hollywood, FL Zip 33021 | | City & State Hollywood, FL Zip 33021 | | Country USA | |
| 4. FEI Number 20-3260292 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HILL, OLIN M 303 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HILL, OLIN M 303 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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: _____ | | | Date 1/6/06 | | Daytime Phone # 954-981-9155 |