

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90293 038 ****50.00



DOCUMENT # L05000084308

1. Entity Name
626-11 OAKS, LLC

Principal Place of Business
**3860 N. POWERLINE ROAD
 SUITE 200
 POMPANO BEACH FL 33073
 US**

Mailing Address
**3860 N. POWERLINE ROAD
 SUITE 200
 POMPANO BEACH FL 33073
 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State

City & State

4. FEI Number

04-3824610

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VINCENT J. PIAZZA, P.A.
 9033 GLADES ROAD
 SUITE D
 BOCA RATON FL 33434**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE Delete
MGRM
 NAME **PROVEST REAL ESTATE HOLDINGS, LLC**
 STREET ADDRESS **3860 N. POWERLINE ROAD, SUITE 200**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE Delete
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10. ADDITIONS / CHANGES

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

J. SAMUELS

03-10-06

954-917-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #