

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084308

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** 626-11 OAKS, LLC

**Current Principal Place of Business:**

3860 N. POWERLINE ROAD  
SUITE 200  
POMPANO BEACH, FL 33073 US

**New Principal Place of Business:**

3850 N. POWERLINE ROAD  
DEERFIELD BEACH, FL 33073 US

**Current Mailing Address:**

3860 N. POWERLINE ROAD  
SUITE 200  
POMPANO BEACH, FL 33073 US

**New Mailing Address:**

3850 N. POWERLINE ROAD  
DEERFIELD BEACH, FL 33073 US

**FEI Number:** 04-3824610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PROVEST REAL ESTATE HOLDINGS, LLC  
Address: 3860 N. POWERLINE ROAD, SUITE 200  
City-St-Zip: POMPANO BEACH, FL 33073 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PROVEST REAL ESTATE HOLDINGS, LLC  
Address: 3850 N. POWERLINE ROAD,  
City-St-Zip: DEERFIELD BEACH, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify 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: MARK LEVY

MGR

03/17/2009

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