2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 24, 2007 08:00 AM Secretary of State DOCUMENT # L05000109119 1. Enlity Namo OAK TREE COUNTRY CLUB, LLC Principal Place of Business Mailing Address 2400 N. PROSPECT ROAD OAKLAND PARK FL 33309 2400 N. PROSPECT ROAD OAKLAND PARK FL 33309 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 59-1160111 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROAD, B. J. Street Address (P.O. Box Number is Not Acceptable) 2400 W PROSPECT RD FORT LAUDERDALE FL 33309 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, typed or printed name of registered agent and fille it 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, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 11115 mu ☐ Change [] Addition **MGRM** ☐ Delete NAMI: NAME BROAD, B J STRUET ADDRESS STALL LADDER SS 2400 N. PROSPECT ROAD CITY-S1-7IP OAKLAND PARK FL 33309 CHY-ST-ZIP 1/000000728280 05/07/07-80010-025c56a00 THE Delete Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY-ST-7P CHY-SI-74P THE Delete 11111 □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-702 Cm-si-ZP щи ☐ Delete ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST- 7JP CHY-ST-ZIP ☐ Delete Change Addition HILL Inta NAME. NAMI STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-S1-ZIF ☐ Defete ☐ Change Additioù STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+ST-7IP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fiorida Statutos. 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 each; that I am a managing member or manager of the limited liability company or the receiver or trustee emportured to execute the report as required by Chapter 608, Florida Statutos.

Daylime Phone #

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