

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071389

Entity Name: OAKLAND PARK REALTY, LLC

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

8278 A1A SOUTH
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

8278 A1A SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-5218431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, THOMAS C SR.
8278 A1A SOUTH
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

DORN, MELINDA
8278 A1A SOUTH
ST AUGUSTINE, FL 32080 US

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: MELINDA DORN

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DORN, THOMAS C SR.
Address: 8278 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR () Delete
Name: VILLAVECES, FELIPE
Address: 227 SHORE CT.
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: MGR () Delete
Name: DORN, MELINDA P
Address: 8278 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELINDA DORN

MGR

03/13/2007

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