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Mar 20, 2007 8:00 am
Secretary of State
01-12-2007 90034 001 ***110.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000097196

1. Entity Name
142 OASIS APARTMENTS LLC

Principal Place of Business	Mailing Address
3768 COQUINA WAY WESTON, FL 33322	3768 COQUINA WAY WESTON, FL 33322

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3768 W COQUINA WAY	3768 W COQUINA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State: WESTON FL
Zip: 33332 Country:	Zip: 33332 Country:

01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5654990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SORIN, ARDELEAN
3768 COQUINA WAY
WESTON, FL 33322

7. Name and Address of New Registered Agent

Name: SORIN ARDELEAN
Street Address (P.O. Box Number is Not Acceptable): 3768 W COQUINA WAY
City: WESTON FL Zip Code: 33332

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] 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARDELEAN, SORIN 3768 COQUINA WAY WESTON, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARDELEAN SORIN 3768 W COQUINA WAY WESTON FL 33332	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #