

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000086891

1. Entity Name

OAKLAND PARK APARTMENTS, L.L.C.



Principal Place of Business

COASTAL TOWER  
2400 EAST COMMERCIAL BLVD., SUITE 211  
FT. LAUDERDALE FL 33308

Mailing Address

COASTAL TOWER  
2400 EAST COMMERCIAL BLVD., SUITE 211  
FT. LAUDERDALE FL 33308

**FILED**  
08 MAR 14 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESANTO, RICHARD J ESQ.  
COASTAL TOWER  
2400 EAST COMMERCIAL BLVD., SUITE 211  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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 the 4 applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ARRAZOLA-HIRSCH, MARIA M  
2400 EAST COMMERCIAL BLVD., SUITE 211  
FT. LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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

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

Date

Signature Printed

*Maria M. Arazola-Hirsch, as Mgr/Man.* 03/13/08