


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000007680</b> 1. Entity Name 1600 WEST OAKLAND PARK, L.L.C.	
--	---

Principal Place of Business 1600 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311	Mailing Address 1600 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311
--	--

**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0964519	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  FAWLEY, MICHAEL R 2518 ARBOR DRIVE FT. LAUDERDALE, FL 33312	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBERLAIN, LAWRENCE 2015 N. 28TH AVENUE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIEGLER, LINDA 2900 N.E. 15TH TERRACE FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAWLEY, MICHAEL R 2518 ARBOR DRIVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAI, MICHAEL 10360 GROVE LANE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>1/15/05</i> <small>Date</small>	<i>954-486-1995</i> <small>Daytime Phone #</small>
--	---------------------------------------	---