

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001888

1. Entity Name

OAKLAND PARK I, LLC

Principal Place of Business

100 BAYVIEW CIRCLE, SUITE 2060
NEWPORT BEACH CA 92660

Mailing Address

100 BAYVIEW CIRCLE, SUITE 2060
NEWPORT BEACH CA 92660

FILED

01 SEP 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1301 DOVE STREET

Suite, Apt. #, etc.

SUITE 200

City & State

NEWPORT BEACH, CA

Zip

92660

Country

U.S.A.

3. Mailing Address

1301 DOVE STREET

Suite, Apt. #, etc.

SUITE 200

City & State

NEWPORT BEACH, CA

Zip

92660

Country

U.S.A.

4. FEI Number

33-0881996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

C/O PROSKALLER ROSE
2255 GLADES RD., SUITE 340
BOCA RATON FL 33431-7360

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM
YI, CHINYOL
100 BAYVIEW CIRCLE, SUITE 4000
NEWPORT BEACH CA 92660

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

9/10/01

(949) 250-8200

0010288

CR2E083 (5/01)

PLEASE CHECK HERE