

**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**


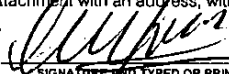
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07262006 Chg-NP CR2E037 (4/06)

DOCUMENT # N94000000912					
1. Entity Name ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 8053 NW 155 ST MIAMI LAKES, FL 33016 US			Mailing Address 8053 NW 155 ST MIAMI LAKES, FL 33016 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0499043	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YEAR ROUND MANAGEMENT COMPANY 8053 NW 155 ST MIAMI LAKES, FL 33016			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	400078466904 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANON, WALTER ESQ		NAME	08/08/06--01030--001 **61.25	
STREET ADDRESS	8220 NW 168TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAZQUEZ, JAVIER		NAME		
STREET ADDRESS	8291 NW 166TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTESI, RAUL		NAME		
STREET ADDRESS	8105 NW 155 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	De Cardenas, Alberto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		8060 N.W. 155th. Street
STREET ADDRESS			STREET ADDRESS		Miami Lakes, FL 33016
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			7/31/06 305557-9008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

XC 8/17