2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022199

1. Entity Name

PARK AVENUE RESTAURANT LLC



Secretary of State 02-05-2004 90079 046 ****50.00

FILED Feb 05, 2004 8:00 am

Principal Place of Business

Mailing Address

3348 EDGEWATER DRIVE ORLANDO, FL 32804

3348 EDGEWATER DRIVE ORLANDO, FL 32804



01272004 No Chg-LLC

CR2E083 (10/03)

5. Certificate of Status Desired		00 Additional
59-3507676	·	Not Applicab
FEI Number		Applied For

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E 28 WEST CENTRAL BLVD., SUITE 400 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Colonia Cara di Para di	
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 title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	ling Fee is \$50.00			
Standard Due by May 1, 2004				
*. •		*	a to the same to	
9.	: MANAGING MEMBERS/MANAGERS		BICHTIMENT CROFT	
TITLE 121-134	MGRM			
NAME:	. WILLIAMS, MARILYN B			
STREET ADDRESS	316 WING LANE			
CITY-ST-ZIP	WINTER PARK, FL 32789			
TITLE	MGRM			
NAME	SCHWARTZ, RONALD N	The second of th		
STREET ADDRESS	3348 EDGEWATER DRIVE			
CITY-ST-ZIP	ORŁANDO, FL 32804			
TITLE	MGRM .	Same for what have been a first to the same of the		
NAME	DEMETREE, MARY L			
STREET ADDRESS	3348 EDGEWATER DRIVE	DO NOT W	Director (Section	
CITY-ST-ZIP	ORLANDO, FL 32104			
TITLE		IN THIS SE	PACE	
NAME			AND THE RESERVE	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE			tanking and any or the second of the second	
NAME 🛴 🚶	,	The state of the s		
STREET ADDRESS	Mile thick date.			

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:

NAME
STREET ADDRESS
CITY-ST-ZIP

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

131/04

Date

Daytime Phone #