2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022199

1. Entity Name
PARK AVENUE RESTAURANT LLC

Principal Place of Business	Mailing Address
3348 EDGEWATER DRIVE ORLANDO, FL 32804	3348 EDGEWATER DRIVE ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

05012007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3507676	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
312 WING LANE
WINTER PARK, FL 32789

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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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIAMS, MARILYN B
STREET ADDRESS	28 W CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	SCHWARTZ, RONALD N
STREET ADDRESS	3348 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	MGRM
NAME	DEMETREE, MARY L
STREET ADDRESS	3348 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #