2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000031635

1. Entity Name

PARK COURT PARTNERS LLC

FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

7777 GLADES ROAD, SUITE 310 BOCA RATON, FL 33434

Mailing Address

7777 GLADES ROAD, SUITE 310 BOCA RATON, FL 33434



01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 81-0582528 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J 7777 GLADES ROAD, SUITE 310 BOCA RATON, FL 33434

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8. The above named entity submits this statement for the purpose of changing it	ts registered office or registered agent, or both, in the State of Florida, I	am familiar with, and a	ccept
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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM SCHMIER, ROBERT J MGRM
IITLE NAME SIREET AUDRESS CHY-SI-ZIP	MGRM FEURRING, DOUGLAS R MGRM 7777 GLADES ROAD, SUITE 310 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
HILE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY - ST - ZIP	
TITLE NAME	

U00000356575 05/04/05-80040-015 55.00

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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 eath; that I am a managing member or manager of the limited liability company or thursceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Park further 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 exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(ii), Florida Statutes.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
ROBLY J. Schmier, Managing Member

4/29/05

5014838400

Daytime Phone