2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90069 038 ****50.00

DOCUMENT # L03000027546 1. Entity Name GATES OF PARK AVENUE, LLC				04-28-2004 90069 038 ****50.00			
Principal Place of Business 10441 ALTA DRIVE C/O HAKIMIAN HOLDINGS, INC. JACKSONVILLE, FL 32226		Mailing Address 10441 ALTA DRIVE C/O HAKIMIAN HOLDINGS, INC. JACKSONVILLE, FL 32226			21 11 12 12 12 12 12	FINETI III 1833	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022004 Chg	g-LLC CR2E083 (10/03)	
City & State		City & State	City & State			Applied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu	CE OO A		
	6. Name and Address of Current	t Registered Agent		7. Name and Addre	ss of New Registered Agent		
F&L CORP. 200 LAURA STREET JACKSONVILLE, FL 32202				Name BENDAMIN S. HAKIMIAN Street Address (P.O. Box Number is Not Acceptable) LOHYL ALTA CO 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 .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature req	ired when reinstating)	7-21-200	t	
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of Sta	te	
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHANGES		
TITLE	MER	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BENZAMIN 5, 4	4	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	Jerkhounille	FL 32336 □ Delete	TITLE		☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME		☐ Change	Addition	
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IUTE		☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		☐ Delete	TITLE		Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP		<u> Denere</u>	NAME STREET ADDRESS CITY-S1-ZIP		Ondrige		
11. I hereby of indicated limited lia	pertify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted	h this filing does not qualify for d that my signature shall have se empowered to execute this	or the exemption stated in the same legal effect as	Section 119.07(3)(i), Florid if made under cath; that I apter 608, Florida Statutes	da Statutes. I further certify that the am a managing member or manag s.	information ger of the	
SIGNATURE: 4-26-2004 SIGNATURE AND TYPE OR SHOWED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE							