

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/21 **FILED**

04 SEP -3 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000046294
1. Entity Name
PARK REAL ESTATE AND INVESTMENTS, L.L.C.



Principal Place of Business
**3515 O'FALY COURT
TALLAHASSEE, FL 32309-3141**

Mailing Address
**3515 O'FALY COURT
TALLAHASSEE, FL 32309-3141**



2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

03272004 Crg-LLC CR2E063 (10/03)

City & State

City & State

4. FEI Number
20-0412267

Applied For
(Not Applicable)

Zip

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PARK THOMAS R.
3515 O'FALY COURT
TALLAHASSEE, FL 32309-3141**

7. Name and Address of New Registered Agent

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: *Thomas R. Park* **4-27-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER, PRESIDENT <input type="checkbox"/> Delete PARK, J THOMAS 3515 O'FALY COURT TALLAHASSEE, FL 32309-3141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER, PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition Park, Thomas 3515 O'Faly Ct Tallahassee, FL 32309-3141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Delete PARK, SUSAN 3515 O'FALY COURT Tallahassee, FL 32309-3141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Park, Susan 3515 O'Faly Ct Tallahassee, FL 32309-3141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	both of the above	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	listed persons are:	TITLE NAME STREET ADDRESS CITY-ST-ZIP	as per our telecon <input type="checkbox"/> Change <input type="checkbox"/> Addition 6-18-04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Managing Members" <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Park <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: *Thomas R. Park* **4-27-04** **850-669-3121**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #