2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000048155

1. Entity Name
PARK MANOR, LLC

Principal Place of Business	Mailing Address
2720 PARK ST, STE 205 JACKSONVILLE, FL 32205	2720 PARK ST, STE 205 JACKSONVILLE, FL 32205

02212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0426515
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAD, HAROLD W III
2720 PARK ST, STE 205
JACKSONVILLE, FL 32205

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

Filing Fee is $50.00
Due by May 1, 2005

U00000242071
02/24/05-80064-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHAD, H. W. III
STREET ADDRESS	5031 YACHT CLUB RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGR
NAME	SHAD, H. W. IV
STREET ADDRESS	2828 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	MGR
NAME	SHAD, JACK L
STREET ADDRESS	2826 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: H W Shad H. W. Shad 2/24/05 904-388-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #