


FILED
Sep 07, 2007 8:00 am
Secretary of State

07-25-2007 90013 012 ****50.00

7/2

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000094260			
1. Entity Name 417 PARK AVENUE, LLC		Mailing Address 413 EAST PARK AVENUE TALLHASSEE, FL 32301	
Principal Place of Business 413 EAST PARK AVENUE TALLHASSEE, FL 32301		Mailing Address 413 EAST PARK AVENUE TALLHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box # <i>Above</i>		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <i>20-5620976</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <i>W. Robert Vezina, III</i> Street Address (P.O. Box Number is Not Acceptable) <i>413 E Park Avenue</i> City <i>Tallahassee</i> FL Zip Code <i>32301</i>	
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 obligat...			
SIGNATURE <i>W. Robert Vezina, III</i>		DATE <i>9/6/07</i>	
FILING Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President W. Robert Vezina, III 413 E. Park Avenue Tallahassee, FL 32301</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President W. Robert Vezina, III 413 E. Park Avenue Tallahassee, FL 32301</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President Emory Mayfield, Sr. 4223 Capital Circle NW Tallahassee, FL 32303</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice Pres Emory Mayfield Sr. 4223 Capital Circle, NW. Tallahassee FL 32303</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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 appointed to execute this report as required by Chapter 808, Florida Statutes.			
SIGNATURE: <i>W. Robert Vezina, III</i>		DATE: <i>9/6/07</i> <i>850)224-6285</i>	

30012700



07102007 Chg-LLC CR2E63 (12/08)