2001 UNIFORM BUSINESS REPORT BR)

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PARK PLACE LLC								I Commented to the control of the co					
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Principal Place of Business Mailing Address								TOPPTARY OF STATE					
C/O RILEA GROUP. INC. C/O RILEA GROUP. INC.							SECRETARY OF STATE TABLAHASSEE FLORIDA						
848 BRICKEL	l ave., ste.	1010	84	18 BRICKELL AVE., STE	. 1010		ואון	Er W	TO CO.				
MIAMI FL 33131 . MIAMI FL 33131								ı		 	APIN ATRIA SUA	(1 (1 6)) 	
2. Principal Place of Business 3. Mailing Add					ng Address			1 3 D D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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Zip	Zip Country Zi			Country Country			5.	5. Certificate of Status Desired Specificate of Status Desired Fee Required					
	6. Name	and Address of Co	urrent Regist	ered Agent		7. Name and Address of New Registered Agent							
						Name							
l	ROUP, INC.	OTE 4040				Street A	ddress (P.O. E	3ox N	umber is Not Accepta	ble)			
	KELL AVE., An Ojeda	SIE. 1010											
MIAMI FL 33131					City					FL	Zip Cod	le	
9. The above	nomed antib	. c. ibraile this status					ragistared on		whath in the State of		<u> </u>		
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.													
SIGNATURE .	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
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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 oath; that I am a managing member or manager of the limited liability company or the receiver or true deep movered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING TO

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE