FILED
May 11, 2006 8:00 am
Secretary of State
04-24-2006 90069 037 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016038

1. Entity Name
PARK PLACE TITLE OF WINTER PARK, LLC

30007959

02072006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
41 ZACHARY WADE ST WINTER GARDEN, FL 34787	41 ZACHARY WADE ST WINTER GARDEN, FL 34787

2. Principal Place of Business	3. Mailing Address
1801 Lee Road #375	1801 Lee Road #375
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: U.S.A.	Zip: 32789 Country: U.S.A.

4. FEI Number 59-2499405 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, BARBARA 1801 LEE ROAD, SUITE 375 WINTER PARK, FL 32789	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 ____________ 3/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, BARBARA 41 ZACHARY WADE ST WINTER GARDEN, FL 34787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Mary C. Dugan 891 Claydon Way, Altamonte Springs Florida 32701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____________ 3/9/06 407-492-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #