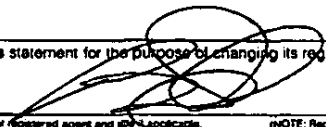
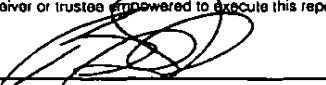


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90069 037 ****50.00

DOCUMENT # L05000016038							
1. Entity Name PARK PLACE TITLE OF WINTER PARK, LLC							
Principal Place of Business 41 ZACHARY WADE ST WINTER GARDEN, FL 34787			Mailing Address 41 ZACHARY WADE ST WINTER GARDEN, FL 34787				
2. Principal Place of Business 1801 Lee Road #375 Suite, Apt. #, etc.		3. Mailing Address 1801 Lee Road #375 Suite, Apt. #, etc.		30007959 			
City & State Winter Park, FL Zip: 32789 Country: U.S.A.		City & State Winter Park, FL Zip: 32789 Country: U.S.A.		4. FEI Number 59-2499405 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Applied For</td> <td style="width:50%; padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For	Not Applicable						
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent STEWART, BARBARA 1801 LEE ROAD, SUITE 375 WINTER PARK, FL 32789			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:  DATE: 3/9/06 Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reissuing)							
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	MGR	☐ Delete	TITLE	Managing Member	☐ Change ☒ Addition		
NAME	STEWART, BARBARA		NAME	Mary C. Dugan			
STREET ADDRESS	41 ZACHARY WADE ST		STREET ADDRESS	891 Claydon Way, Altamonte Springs			
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	Florida 32701	☐ Change ☐ Addition		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 #				