


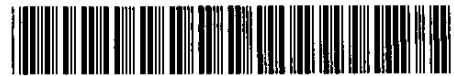
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90115 014 ****50.00

DOCUMENT # L06000042884	
1. Entity Name PARK BENCH LLC	

Principal Place of Business 6024 KIPPS COLONY DR E GULFPORT FL 33707	Mailing Address 6024 KIPPS COLONY DR E GULFPORT FL 33707
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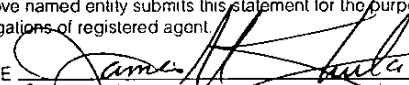
2. Principal Place of Business - No P.O. Box # 2729 Sea Grove Lane Suite, Apt. #, etc.	3. Mailing Address PO Box 48698 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Fernandina Beach FL	City & State St Petersburg FL
Zip 32034	Country
Zip 33743-8698	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent SHUTA, JAMES M 6024 KIPPS COLONY DR E GULFPORT FL 33707	
7. Name and Address of New Registered Agent Name Shuta, James M Street Address (P.O. Box Number is Not Acceptable) 2729 Sea Grove Lane City Fernandina Beach FL Zip Code 32034	

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SHUTA, JAMES M 6024 KIPPS COLONY DR E GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Shuta, James M 2729 Sea Grove Lane Fernandina Beach FL 32034 <input checked="" 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
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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 Section 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: 	JAMES M SHUTA	4-30-07	727-384-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #