2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000001532

Current Principal Place of Business:

Entity Name: PARK PLACE PROPERTIES, L.C.

FILED Jan 23, 2007 Secretary of State

Date

() Change () Addition

1001 S.E. MONTEREY (STE 300 STUART, FL 34996	COMMON BLVD		
Current Mailing Address:		New Mailing Address:	
1001 S.E. MONTEREY (STE 300 STUART, FL 34996	COMMON BLVD		
FEI Number: 65-0987005	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
KRAMER, ROBERT S E KRAMER, SEWELL, SO 853 SE MONTEREY CO STUART, FL 34996 US	PKO & LEVENSTEIN, P.A. MMONS BLVD.		
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATURE.			

New Principal Place of Business:

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM () Delete Title: GAGE, JOSEPH S Name: Name:

1001 SE MONTEREY COMMONS BLVD, STE 300 Address:

Address: City-St-Zip: City-St-Zip: STUART, FL

Electronic Signature of Registered Agent

Title: MGRM () Delete Title: () Change () Addition

Name: BRADLEY, A. JAMES Name: Address: 1001 SE MONTEREY COMMONS BLVD, STE 300 Address: City-St-Zip: STUART, FL City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

MUFSON, LARRY H Name: Name: 1001 SE MONTEREY COMMONS BLVD, STE 300 Address: Address: City-St-Zip: STUART, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH S. GAGE **MGMR** 01/23/2007