


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90052 021 ***138.75

DOCUMENT # L00000002165 1. Entity Name DEREDA'S PARK PLACE, L.L.C.	
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Principal Place of Business 5155 S.W. HAMMOCK CREEK DR. PALM CITY, FL 34990	Mailing Address 5155 S.W. HAMMOCK CREEK DR. PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

THOMAS, DEREDA
 5155 SW HAMMOCK CREEK DR
 PALM CITY, FL 34990

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, DEREDA 5155 S.W. HAMMOCK CREEK DR. PALM CITY, FL 34990
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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: Thomas Dereda Date: 1-6-08 Daytime Phone #: 772-287-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE