


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000012677	
1. Entity Name PARK CREFOX, L.L.C.	
	
Principal Place of Business C/O CREATIVE DEVELOPMENT CO., LLP 77 FRANKLIN ST. BOSTON, MA 02110	Mailing Address 8359 BEACON BLVD STE 205 FORT MYERS, FL 33907



04182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1048459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOX, ALLAN E
8359 BEACON BLVD
FORT MYERS, FL 33907**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	MGRM CREATIVE DEV CO LLP 77 FRANKLIN ST BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORDECO INC 8359 BEACON BLVD. FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINLEY, JOHN 77 FRANKLIN STREET BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYNARD, CHARLOTTE 77 FRANKLIN STREET BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOX, ALLAN E 8359 BEACON BLVD FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000943064
05/29/08-80045-012 143.75

**DO NOT WRITE
IN THIS SPACE**

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: 

ALLAN E. FOX

4/28/08

235-425-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #