2001	UNIFORM BUSI	NESS REPO	RT (U	BR)	APPRUM	ž.	
DOCUMENT # L010000000805					AND	-	
PARK AVENUE PROPERTIES, LL.C.					OI MAY 18 PM 3: 33		
Principal Place of Business Mailing Address					SECRETARY O	E STATE ELORIDA	
					APECAMASSEE	LEGRIDA	
TAMP	A F(.	14452					
	•	TAMPA FI.	330	290			
2. Principal Place of Business 3. Mailing Address 7.0. 3.0			1445	7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number Applied For			
		TAMPA F	. (.		4. FEI Number 59-369-5402	Not Applicab	лlе
Zip ·	Country	33490	Country		5. Certificate of Status Desired 🔾	\$5.00 Additional Fee Required	
	6. Name and Address of Current F		Na		7. Name and Address of New Regis	tered Agent	\exists
RON VILA							_
10802 CARROLLUON DR.			Sire	et Address (P.O. Box Number is Not Acceptable)	9.505 25.55	
TAMPA F1. 33616				DAME HAVE BEEN TOOK			
			City			FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered offi	e or register	red agent, or both, in the State of Florida.	-	
SIGNATURE .		///				18.00	
· 	Signature, typer of printed name of registered agent ar	id title if applicable. (NOTE: I	Registered Agent	signature required	d when reinstating)	DATE	\dashv
		FILE NO	NIII FEE		f State	Mary 1888 By the same	
·	MANUS IN CASHES		•		ADDITIONS/CHA	NOE6	<u> </u>
9.	MANAGING MEMBE	RS/MEMBERS Delete	10. TITLE	VI	CE PROSIDENT	☐ Change Addition	<u></u> ∫ (§
NAME . STREET ADDRESS			NAME STREET ADDR		AN GONTAIDE 14 FEILUTE ST.		§ (083 (11/00)
CiTY-ST-ZIP		<u> </u>	CITY-ST-ZIP	ESS 31	mp + F(. 3861)		
TITLE NAME		☐ Delete	TITLE NAME	7	in VILA	☐ Change Addition	CR2
STREET ADDRESS			STREET ADDR	ESS 10	BOZ CARROLLUSON	DR	}
CITY-ST-ZIP		Delete	CITY-ST-ZIP		raype P1. 336	Change Addition	
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STREET ADDRESS CITY-ST-ZIP	·		STREET ADDR CITY-ST-ZIP	ESS	00000441	89207	
TITLE		☐ Delete	TITLE		-06/13/01 *****55.1		n (
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24.25 5 5		☐ Delete	NAME	İ		☐ Change ☐ Additio	""
NDDRESS CITY & IP			STREET ADDR	ESS			
TITLE		☐ Delete	TITLE	+		☐ Change ☐ Additio	m
NAME : STREET ADDRESS			NAME STREET ADDR	ess	,		
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	<u>. </u>		<u> </u>	_
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and necessary 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.							
SIGNAT	URE:	- 1/ K-			5.4.01	913) 680-466	-
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANAG	SER, OR AUTHO	IZED REPRESE	NTATIVE Date	Daytime Phone #	_}