2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Jan 29, 2004 08:00 AM DOCUMENT # L01000003206 Secretary of State PARK AVENUE PROPERTIES I, LLC Principal Place of Business Mailing Address 12256 PARK AVE. WINDERMERE FL 34786 12256 PARK AVE. WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 59-3705643 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THADEN, MYRON Street Address (P.O. Box Number is Not Acceptable) 12256 PÁRK AVE. WINDERMERE FL 34786 City Zip Code FL 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, typod or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change ☐ Addition NAME THADEN, MYRON NAME STREET ADDRESS STREET ADDRESS 12256 PARK AVE. *U00000*0021213 CITY-ST-ZIP WINDERMERE FL 34786 CITY+ST-ZIP ☐ Detete TITLE ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY -ST-ZIP ☐ Delete ☐ Change Addition TITLE BHIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-78P CITY-ST-ZIP ☐ Change Addition TITLE Delete TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP #TEE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - ZIP 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 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.

FILED