

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-31-2005 90196 015 *****50.00

30000984



1st MOORE

CR2E083 (10/04)

DOCUMENT # L01000003207

1. Entity Name

PARK AVENUE PROPERTIES II, LLC



Principal Place of Business

12256 PARK AVE.
WINDERMERE FL 34786

Mailing Address

12256 PARK AVE.
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3705644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THADEN, MYRON
12256 PARK AVE.
WINDERMERE FL 34786

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

THADEN, MYRON
12256 PARK AVE.
WINDERMERE FL 34786

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

SIGNATURE:

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

Date

Daytime Phone #

Myron Thaden

3/4/05 407 876 6075

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.