## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L01000007551

SOUTH PARK, LLC



Principal Place of Business 27 FLETCHER AVE. SARASOTA, FL 34237

Mailing Address 27 FLETCHER AVE. SARASOTA, FL 34237 Apr 28, 2004 08:00 AM Secretary of State

| 41    41  2 | [8]   [8]   [8 |  |  |
|-------------|----------------|--|--|

**FILED** 

DO NOT WRITE IN THIS SPACE

04212004 No Chg-LLC CR2E083 (10/03)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 65-1001029                       |        | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

Fee Required

6. Name and Address of Current Registered Agent

BERGEN, HOWARD 27 FLETCHER AVE.

## DO NOT WRITE

| SARASOT  | A, FL 34237   | IN THIS SPACE   | IN THIS SPACE  |  |  |
|--|---|---|----------------|--|--|
| the obligat                                    | named entity submits this statement for the purpose of chalons of registered agent. | nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac | cept           |  |  |
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and little if applicable.      | (NOTE Registered Agent signature required when reinstating) DATE  |                |  |  |
| Fi<br>Di                                       | ling Fee is \$50.00<br>ue by May 1, 2004  | UNQQQQ134343<br>04/28/04-80016-006 50.00  | <sub>.</sub> , |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |   | <del>-</del>   |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE    | MEM<br>BERGEN, HOWARD<br>27 FLETCHER AVE.<br>SARASOTA, FL 34237                     |   |                |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <u>,</u>  |   |                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | DO NOT WRITE  |                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | IN THIS SPACE   |                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS                |   |   |                |  |  |

11. I hereby certify that the information supplied with this filling 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.

**SIGNATURE:** 

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP