

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013104

1. Entity Name
PARK LANE, L.C.



Principal Place of Business
**C/O ROBERTA SEGAL, STE. 405
 1065 N.E. 125TH ST.
 MIAMI, FL 33161**

Mailing Address
**C/O ROBERTA SEGAL, STE. 405
 1065 N.E. 125TH ST.
 MIAMI, FL 33161**



01112006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1130657** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEGAL, ROBERTA
 STE. 405, 1065 NE 125TH ST.
 MIAMI, FL 33161**

**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: *Roberta Segal* DATE: 1/11/06
Signature, typed or printed name of registered agent and title if applicable. (None: Registered Agent signature required when renouncing)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEGAL, ROBERTA
STREET ADDRESS	STE. 405, 1065 NE 125TH ST.
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: *Roberta Segal* DATE: 1/11/06 DAYTIME PHONE #: 305-899-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE