

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022804

**FILED**  
**Jan 20, 2004**  
**Secretary of State**

**Entity Name:** TRADITIONS ON PARK, L.L.C.

**Current Principal Place of Business:**

324 PARK AVENUE NORTH  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1302 ORANGE AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

324 PARK AVENUE NORTH  
WINTER PARK, FL 32789

**FEI Number:** 99-0004120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERMAN, JED  
180 S. KNOWLES AVE., STE. 7  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

WOODS, DAVID R  
612 E. COLONIAL DRIVE, SUITE 190  
ORLANDO, FL 32803 US

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.

SIGNATURE: DAVID R. WOODS

01/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MURPHY, JULIANNE E  
Address: STE. 7, 180 SOUTH KNOWLES AVE.  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GIERKE, JENNIFER C  
Address: 324 PARK AVENUE NORTH  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JENNIFER C. GIERKE

PRES

01/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date