2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90077 003 ****50.00

DOCUMENT # L02000004462

1. Entity Name
METRO PARK BUILDING ONE, LLC

Principal Place of Business	Mailing Address
2813 SOUTH HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835	2813 SOUTH HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835

02032004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6000 METROWEST BLVD	6000 METROWEST BLVD
Suite, Apt. #, etc.: 111	Suite, Apt. #, etc.: 111
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32835 Country: ORANGE	Zip: 32835 Country: ORANGE

4. FEI Number: 33-0996628 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKORMAN, MARC
2813 SOUTH HIAWASSEE ROAD
SUITE 101
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name: MARC SKORMAN, MANAGER
Street Address (P.O. Box Number is Not Acceptable): 6000 METROWEST BLVD SUITE 111
City: ORLANDO FL Zip Code: 32835

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] ~~PRESIDENT~~ MANAGER MARC SKORMAN ~~PRESIDENT~~ MANAGER 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKORMAN, MARC 2813 SOUTH HIAWASSEE ROAD, SUITE 101 ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6000 METROWEST BLVD # 111 ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature], MANAGER MARC SKORMAN MANAGER 4/15/04 407 253-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #