2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004516

Entity Name

PARK PLACE DEVELOPER, L.L.C.



____Mailing Address

DO NOT WRITE IN THIS SPACE

7518 ALBERT TILLINGHAST DR. SARASOTA, FL 34240

Principal Place of Business

7518 ALBERT TILLINGHAST DR. SARASOTA, FL. 34240

FILED Apr 03, 2006 08:00 AM Secretary of State



03232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Caynes Phone #

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P 2033 MAIN ST., STE. 600 SARASOTA, FL 34237

CITY-ST-ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of char- tions of registered agent.	nging its registered affice or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed by punted name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstahring	OATE
F	iling Fee is \$50.00 ue by May 1, 2006		
8.	MANAGING MEMBERS/MANAGERS		
MILE	MGR	_	
NAME	DEVLIN, WALLACE R SR.	i	
STREET ADDRESS	7518 ALBERT TILLINGHAST DR.	i i	
CITY-ST-ZIP	SARASOTA, FL 34240		
TITLE			U0000 0490393
NAME		1	04/18/06-80049-025 50.00
STREET ADDRESS			5 # 15 55 555 55 55 55 55 55 55 55 55 55 55
City-S1-21P			
TITLE			
NAME			
STREET ADDRESS		ים ו	NOT WRITE
CITY-ST-ZIP		יט	DINOL MAULE
TITLE		- IN	THIS SPACE
NAME		1	THIS STACE
STREET ADDRESS	}	1	
CITY-SI-ZIP	{	_	
TITLE		7	
NAME		1	
STREET ADDRESS		i i	
CITY-ST-ZIP		•	
TITLE			
NAME			
STREET ADDRESS			

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.

GING MEWAFA OR AUTHORIZED REPRESENTATIVE