THE DEVLIN GROUP Fax:904-543-9207 Apr

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90049 027 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004516

1. Entity Name
PARK PLACE DEVELOPER, L.L.C.

600043040

Principal Place of Business	Mailing Address
7518 ALBERT TILLINGHAST DR. SARASOTA, FL 34240	7518 ALBERT TILLINGHAST DR. SARASOTA, FL 34240

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPNICK, BRUCE P 2033 MAIN ST., STE. 600 SARASOTA, FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVLIN, WALLACE R SR. 7518 ALBERT TILLINGHAST DR. SARASOTA, FL 34240	☐ 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 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: Wallace R. Devlin 4-26-07 941-650-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #