FILED
May 28, 2003 8:00 am
Secretary of State
04-28-2003 90080 020 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007348

1. Entity Name
PARK AVENUE DEVELOPMENT OF WINTER PARK LLC

44002713

Principal Place of Business	Mailing Address
PO BOX 536428 ORLANDO FL 32853	PO BOX 536428 ORLANDO FL 32853

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	312 Wing Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Winter Park, FL
Zip / Country	Zip: 32789 / Country

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent
SCHWARTZ, RONALD N
5632 MANDAN TRAIL
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name: Warren E. Williams
Street Address (P.O. Box Number is Not Acceptable): 28 West Central Boulevard, Suite 401
City: Orlando FL Zip Code: 32801

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ~~SCHWARTZ, RONALD N~~ ~~PO BOX 536428~~ ~~ORLANDO FL 32853~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Warren E. Williams 28 West Contral Blvd., Suite 401 Orlando, FL 32801 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Warren E. Williams 4/22/03 (407)6299082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

SENT BY: LCV; 4072921116; MAY-22-03 9:18AM; PAGE 2/2