

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000008506

1. Entity Name
QUEEN PARK FINANCING, LLC



Principal Place of Business
605 MIRROR LAKES DR
LEHIGH ACRES, FL 33936

Mailing Address
605 MIRROR LAKES DR
LEHIGH ACRES, FL 33936

DO NOT WRITE IN THIS SPACE

FILED
Mar 26, 2004 08:00 AM
Secretary of State



03242004 No Chg-LLC- CR2E083 (10/03)

4. FEI Number
03-0426284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, GORDON R ESQ
DUNCAN & TARDIF, P.A.
1601 JACKSON ST., STE. 101
FT. MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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, 2004

U000000037010
03/26/04-80021-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOOS, HANS 605 MIRROR LAKES DR LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOOS, GISELA 605 MIRROR LAKES DR LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/04

Date

Daytime Phone #