2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000032245

1. Entity Name
PARK AVENUE, L.L.C.

Principal Place of Business
1461 KINETIC ROAD
LAKE PARK, FL 33403

Mailing Address
1461 KINETIC ROAD
LAKE PARK, FL 33403

DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
82-0570898		Not Applicable

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

6. Name and Address of Current Registered Agent

AHRENS, RICHARD
1461 KINETIC ROAD
LAKE PARK, FL 33403

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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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	AHRENS, RICHARD
STREET ADDRESS	1461 KINETIC ROAD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	MGR
NAME	ESTES, TOI
STREET ADDRESS	1461 KINETIC ROAD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	MGR
NAME	BRANDEVCO, LLC.
STREET ADDRESS	1461 Kinetic Road
CITY-ST-ZIP	Lake Park, FL 33403
TITLE	MGR
NAME	Ahrens, Barbara
STREET ADDRESS	1461 Kinetic Road
CITY-ST-ZIP	Lake Park, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80090-013 50.00

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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: *Richard L Ahm* — RICHARD C AHRENS   4/22/05   561.863.9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #