

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033435

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: PALM COAST PARKWAY L.L.C.

**Current Principal Place of Business:**

1117 E. ROBINSON STREET  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

1117 E. ROBINSON STREET  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 11-3680109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ZAUDTKE, TERRY M P.E.  
1117 E. ROBINSON STREET  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIERACH, DAVID  
Address: 500 WEST FULTON STREET  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: KHOSRAVANI, KAMRAN  
Address: 500 WEST FULTON STREET  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: ZAUDTKE, TERRY M  
Address: 500 WEST FULTON STREET  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY M. ZAUDTKE

MGMR

02/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date