

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000035077

**FILED**  
**Jan 13, 2004**  
**Secretary of State**

**Entity Name:** PARK PLACE OF PORT ST. LUCIE, LLC

**Current Principal Place of Business:**

8217 KIAWAH TRACE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

326 NE SURFSIDE AVE  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

8217 KIAWAH TRACE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

326 NE SURFSIDE AVE  
PORT ST. LUCIE, FL 34983

**FEI Number:** 34-1974870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOUGH, GEORGE B JR.  
729 S. FEDERAL HIGHWAY, SUITE 222  
STUART, FL 34994 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WITTKE, EUGENE R  
Address: 8217 KIAWAH TRACE  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WITTKE, EUGENE R  
Address: 326 NE SURFSIDE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EUGENE WITTKE

MGRM

01/13/2004

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