

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90102 023 ****50.00

DOCUMENT # L03000002084



1. Entity Name
PARKLAND 441, L.L.C.

Principal Place of Business
**2800 WESTON ROAD, STE. 204
WESTON, FL 33331**

Mailing Address
**2800 WESTON ROAD, STE. 204
WESTON, FL 33331**

20011678



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELBOIN, NOEL E
2800 WESTON RD STE 204
WESTON, FL 33331**

Name **PELBOIN, NOEL**

Street Address (P.O. Box Number is Not Acceptable)

2800 WESTON ROAD SUITE 204

City

WESTON

FL

Zip Code

33331

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

02/10/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MILLENNIUM DEVELOPMENT ENTERPRISES, INC.**
STREET ADDRESS **2800 WESTON ROAD, STE. 204**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MILLENNIUM DEVELOPMENT ENTERPRISES, LLC**
STREET ADDRESS **2800 WESTON ROAD, SUITE 204**
CITY-ST-ZIP **WESTON, FL, 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/10/05

Date

(954) 3852550

Daytime Phone #