2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2008 08:00 A Secretary of State

| ANNUAL REPORT | | | | Sacretary of St | | |
|---|--|--|-------------------------|------------------------------|-------------------|--------------------------------|
| DOCUMENT # L0300003442 1. Entity Name PARK AVENUE COMMONS, LLC | | | | | 56 | ecretary of St |
| Dringing Diag | o of Duringe | NACTION Address | | | | |
| Principal Place 909 E. PARK TALLAHASSE | | Mailing Address 909 E. PARK AVENUE TALLAHASSEE, FL 32301 | | | | |
| <u> </u> | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 03042008No Chg-LLC | | |
| | | | CE | 4. FEI Number 05-0553660 | | Applied For Not Applicable |
| | · | | No. 1 | 5. Certificate of Statu | us Desired | \$5.00 Additional Fee Required |
| | 6. Name and Address of Curre | int Registered Agent | | <u> </u> | | |
| | , DEAN R RK AVENUE SSEE, FL 32301 | | DO NO | | | |
| | named entity submits this statementions of registered agent. | t for the purpose of changing its registe | ered office or register | ed agent, or both, in the | State of Florida. | I am familiar with, and accept |
| SIGNATURE. | • • | ent and little ([appacable] (NOTE: Ragisti | | and the second second second | 11.00 | DATE |
| FILE After May | NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538 | | | | Honnones | |
| 9. | MANAGING MEN | MBERS/MANAGERS | <u> </u> | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS LEBOEUF, DEAN R 909 E. PARK AVENUE TALLAHASSEE, FL 32301 | | | | , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NO |)T√WR | ITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE | | |
| TITLE NAME STREST ADDRESS CITY-ST-ZIP | | | | | : | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of tostee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY+ST-ZIP

BIGNATURE AND TYPED OR PRINTED NOTING OF MIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-4-08

(850) 222 - 2000

Daytime Phone #