


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013797 1. Entity Name PARKS FAMILY HOLDINGS LLC	
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Principal Place of Business 2045 LA PORTE DRIVE PALM BEACH GARDENS, FL 33410	Mailing Address 2045 LA PORTE DRIVE PALM BEACH GARDENS, FL 33410
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02082005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2199298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOCHMAN, RONALD S 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401
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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 NAME STREET ADDRESS CITY - ST - ZIP	AP PARKS, ROBERT R 2045 LA PORTE DRIVE PALM BEACH GARDENS, FL 33410
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03/16/05-80015-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROBERT R. PARKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/05 561-630-7970
Date Daytime Phone #