


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90101 006 \*\*\*138.75

**DOCUMENT # L03000019252**

1. Entity Name  
**PARK BOULEVARD DEVELOPMENT, LLC**



Principal Place of Business  
**4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667 US**

Mailing Address  
**4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667 US**

**50002921**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04082008 Chg-LLC CR2E083 (12/06)

City & State  
 Zip Country

4. FEI Number  
**81-1062209**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 Name **SLG Management Services, LLC**  
 Street Address (P.O. Box number is Not Acceptable) **4315 Pablo Oaks Court**  
 City **Jacksonville** FL Zip Code **32224**

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 *Mallory Coyle Holm, V.P.* **Mallory Coyle Holm, V.P.** **9044821100**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GRIFFITH, SCOTT R 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STOKES, CHESTER JR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNERTY, HUGH H JR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LA WARRE, JOY L 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Joy L LaWarre</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4315 Pablo Oaks Court</b> <b>Jacksonville FL 32224</b>

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Joy L LaWarre* **Joy L LaWarre** **4/9/8** **9044821100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #