

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90036 004 ***538.75

DOCUMENT # L03000023149

1. Entity Name
PK REAL ESTATE HOLDINGS, LLC



Principal Place of Business
375 BELZ OUTLET BLVD.
ST. AUGUSTINE, FL 32084

Mailing Address
375 BELZ OUTLET BLVD.
ST. AUGUSTINE, FL 32084

50009492



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

3. Mailing Address
375 PRIME OUTLET BLVD
Suite, Apt. #, etc.

08132008 Chg-LLC CR2E083 (12/06)

City & State
ST. AUGUSTINE, FL
Zip
32084
Country

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ST. AUGUSTINE, FL
Zip
32084
Country

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

GEIGER, ALLAN T
1301 RIVERPLACE BOULEVARD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
GRESHAM STONEBURNER
Street Address (P.O. Box Number is Not Acceptable)
841 PRUDENTIAL DRIVE
SUITE 1400
City
JACKSONVILLE, FL Zip Code
32207

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 Bryan C. Parker 8/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARKER, BRYAN
375 BELZ OUTLET BLVD.
ST. AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KIMBROUGH, JAMES H JR.
375 BELZ OUTLET BLVD.
ST. AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: Bryan C. Parker 8/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #