

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027714

Entity Name: IN THE PARK, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

4741 N.E. 27TH AVENUE
ATTN: PAUL ROSEMAN
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4741 N.E. 27TH AVENUE
ATTN: PAUL ROSEMAN
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 55-0840880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, WILLIAM S
ABRAMS ANTON P.A.
2255 GLADES ROAD, STE. 411-E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSEMAN, PAUL
Address: 4741 N.E. 27TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: DEMARCO, LOUIE
Address: 4420 N.E. 25TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: FRANK, STEVE
Address: 4516 N.E. 22ND ROAD
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL ROSEMAN

MANA

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date