2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000029341

1. Entity Name
PS PARK & STORE, LLC

Principal Place of Business	Mailing Address
4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258 US	4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258 US

02062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2270861
☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOSTIE, RENE JR.
4580 JULINGTON CREEK ROAD
JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOSTIE, RENE JR.
STREET ADDRESS	4580 JULINGTON CREEK ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UH1000445131
03/07/06 -80031-017 50.00

DO NOT WRITE IN THIS SPACE

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: _____ 2/14/06 904-880-6441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #