

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90143 035 ****50.00

DOCUMENT # L03000029367

1. Entity Name
MATNEY II - PARK AVENUE, LLC



Principal Place of Business
**300 SOUTH ORANGE AVE., SUITE 900
ORLANDO, FL 32801**

Mailing Address
**300 SOUTH ORANGE AVE., SUITE 900
ORLANDO, FL 32801**

24064108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

02-0717853

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER (MJG)
201 S. BISCAYNE BLVD.
MIAMI, FL 33131**

Name
Corporation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable)

300 S. Orange Ave.

Suite 1000 (J3S)

City
Orlando

FL

Zip Code
32801

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.

J. Gregory Humphries, V. Pres.

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Delete
NAME
Timothy R. Baker
STREET ADDRESS
300 S. Orange Ave., #900
CITY-ST-ZIP
Orlando, FL 32801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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

Timothy R. Baker, Mgr.

Date

407-926-3000

Daytime Phone #