

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

04 MAR 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

DOCUMENT # L03000036089 1. Entity Name PARKLAND MEWS STABLES, LLC																																																																																																																													
Principal Place of Business 11162 APPLGATE CIRCLE BOYNTON BEACH FL 33437			Mailing Address 11162 APPLGATE CIRCLE BOYNTON BEACH FL 33437																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 45-0524171 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent WALTER H. MESSICK, P.A. 1900 CORPORATE BLVD. SUITE 200 EAST BOCA RATON FL 33431																																																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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) (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004				U000000016137 01/28/04-80043-010 50.00																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARLO ANGELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11162 APPLGATE CIRCLE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOYNTON BEACH FL 33437</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE PRES.</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALTER BERSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8447 BOCA GLADES BLVD E</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOCA RATON FL 33434</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECRETARY</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHRISTOPHER CUSIMANO JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6627 STRATFORD DR.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PARKLAND FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PRESIDENT	<input type="checkbox"/> Delete	NAME	CARLO ANGELL		STREET ADDRESS	11162 APPLGATE CIRCLE		CITY- ST- ZIP	BOYNTON BEACH FL 33437		TITLE	VICE PRES.	<input type="checkbox"/> Delete	NAME	WALTER BERSON		STREET ADDRESS	8447 BOCA GLADES BLVD E		CITY- ST- ZIP	BOCA RATON FL 33434		TITLE	SECRETARY	<input type="checkbox"/> Delete	NAME	CHRISTOPHER CUSIMANO JR.		STREET ADDRESS	6627 STRATFORD DR.		CITY- ST- ZIP	PARKLAND FL 33067		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Carlo Angell</u> Jan 22, 2004 (561) 7156132 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																													