2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: LAND (Logally, SIGNATURE AND TYPED OR PRINTED NAME OF PICNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

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DOCU 1. Entity Nam	MENT # L03000036089					_		
PARKLAN	ND MEWS STABLES, LLC					041	MAR 11 PM	3: 30
Principal Place of Business Mailing Address					'	0.50	CHETARY OF LAHASSEE. F	STATE
		11162 APPLEGATE CIRCLE				2E1	AHASSEE F	FORIUM
BOYNTON BEACH FL 33437		BOYNTON BEACH FL 33437		.	IAL	_ 1,		
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2. Principal P	Tace of Business	3. Mailing Address			-			
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Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE	CR2E083 (11/03)	
City & State		City & State		4. FEI Nur	nhor		Applied For	
					-0524171		Not Applicable	
Zip	Country	Zip	Country		5. Certifica	ate of Status Desired	□ \$5.00 A	
<u> </u>	6. Name and Address of Current Re	nictored A cont	_, _		i		Fee Requ	ired
6. Name and Address of Current Registered Agent				Name	/, Name a	nd Address of New Ri	egistered Agent	
WALTER H. MESSICK, P.A. 1900 CORPORATE BLVD. Street Add						<u> </u>		
					dress (P.O. Box Number is Not Acceptable)			
SUITE 200 EAST BOCA RATON FL 33431								
BOOK 11/10/11/2 33431				City			EI ZpC	ode
9. The about second early submits the about the state of the second seco					114			
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.								
SIGNATI IDE								
SIGNATURE Spretture, typoid or printed name of registerion agent and tide of applicable (NOTE Registered Agent) significant required when remissating) DATE								
FILE NOW!!! FEE IS \$50.00 U00000016137								
Make Check Payable to I				orida Departm	ent of State	P1/28/04-800	43-010 50.00) ·
		Due	By M	ay 1, 2004		}		
9.	MANAGING MEMBERS		10.			ADDITIONS/		
TITLE NAME	PRESIDENT. CARLO ANGELILLO	☐ Delete	TITU				Chang	e 🗍 Addition
STREET ADDRESS	11162 APPLEGATECIA	.		ET ADDRESS				
CMY-ST-ZIP	Boy NTON BEACH FI.	73437	CITY	-ST-ZIP				
TIFLE	VICE PRES.	☐ Delete	TIFE	Į.			Chang	e Addition
NAME	WALTER BERGER 8447 BOCA GLADES S	200 5	NAZA	- i				
STREET ADDRESS CITY-ST-ZIP	Res D. T. T. 331	22VD E	4	ET ADORESS -ST-ZIP				
DITE	BOCA RATON FC. 334 SECKETARIN CHRISTOPHIN CUSIMA 6627 STRATFORD D PARKLAND FC. 330	-3 9				· ··		- TANK
NAME	CHPICTOPHEN CUSIMA	evo Te.	IM.	- 1			Chang.	e
STREET ADDRESS	6627 STRATFORD D	R.		TT ADDRESS				
CITY:ST:ZIP _	PARKLAND FL. 330	67	CITY	-ST-ZIP				
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NAME STREET ADDRESS			NAM CTR	ET Address				
CITY-SI-ZIP				-ST-ZIP				
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TITLE		(T) A. I.	┩—	-ST-ZIP				——————————————————————————————————————
NAME		☐ Delete	TITU NAM				Change	Addition
STREET ADDRESS			В	ET ADORESS				
CITY-ST-2JP				-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.								