

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90150 043 ****50.00

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DOCUMENT # L03000038662 1. Entity Name PARKLAND VENTURES, LLC					
Principal Place of Business 2336 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020			Mailing Address 2336 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		
2. Principal Place of Business 11844 NW 69TH PL		3. Mailing Address 11844 NW 69TH PL			
Suite, Apt. # etc. c/o HARNASH		Suite, Apt. # etc. c/o HARNASH			
City & State PARKLAND FLA		City & State PARKLAND FLA			
Zip 33076		Country BROWARD		Zip 33076	
Country BROWARD		4. FEI Number 65-1207374			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARNASH, SHELDON 2336 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARNASH, SHELDON 2336 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11844 N.W. 69TH PL PARKLAND FLA 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____			Date 1/26/06 Daytime Phone # 954 255 5084		