


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90035 030 \*\*\*\*50.00

<b>DOCUMENT # L03000038786</b> 1. Entity Name 301 PARK, LLC	
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Principal Place of Business 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236	Mailing Address 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0297922</b>	90-1053448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PALERMO, GEORGE L  
100 N. WASHINGTON BLVD., STE. 301  
SARASOTA, FL 34236

**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.

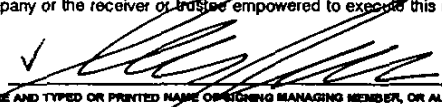
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALERMO, GEORGE 100 N. WASHINGTON BLVD. STE 301 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, DIANE 100 N. WASHINGTON BLVD STE 301 SARASOTA, FL 34236
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	

**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:**  **4/25/06** **(941)365-7777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #