

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # L03000043411

1. Entity Name  
PARK PLACE AVENUES, LLC



28 AM 10: 37

03-16-2005 90292 034 \*\*\*\*50.00

Principal Place of Business  
6101 GAZEBO PARK PLACE N  
SUITE 101  
JACKSONVILLE, FL 32257

Mailing Address  
6101 GAZEBO PARK PLACE N  
SUITE 101  
JACKSONVILLE, FL 32257

20021717



02172005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0801845

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD & BOATRIGHT, P.A.  
6101 GAZEBO PARK PLACE N  
SUITE 101  
JACKSONVILLE, FL 32257

**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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SHEFFIELD, J. HOWARD  
STREET ADDRESS 6101 GAZEBO PARK PLACE N, #101  
CITY - ST - ZIP JACKSONVILLE, FL 32257

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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)(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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #