## 2007 LIMITED LIABILITY COMPANY

## Feb 14, 2007 8:00 am Secretary of State **ANNUAL REPORT** 01-17-2007 90007 031 \*\*\*\*50.00 DOCUMENT # L03000043411 PARK PLACE AVENUES, LLC Principal Place of Business Mailing Address 6101 GAZEBO PARK PLACE N 6101 GAZEBO PARK PLACE N **SUITE 101** SUITE 101 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 Cha-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable 01-0801845 Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEFFIELD & BOATRIGHT, P.A. Street Address (P.O. Box Number is Not Acceptable) 6101 GAZEBO PARK PLACE N **SUITE 101** JACKSONVILLE, FL 32257 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ■ Addition SHEFFIELD, J. HOWARD NAME NAME 6101 GAZEBO PARK PLACE N. SUIATE 101 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM **X** Delete TITLE Change Addition SCHACTER, DAVID NAME NAME STREET ADDRESS 6101 GAZEBO PARK PLACE STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-71P CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 tracket empowered to execute this report as required by Chapter 608, Florida Statutes.

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

904.733-1900

J. Howard Sheffield

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/17/2007-90007-031-\$50.00-\$50.00

DOCUMENT # L03000043411  1. Entity Name PARK PLACE AVENUES, LLC							ATTACHMENT 30000492					
Principal Place			Mailing Address	Mailing Address 6101 GAZEBO PARK PLACE N				215	7) // (		AL	
6101 GAZEB SUITE 101			SUITE 101				30		47	"L	_	
JACKSONVILL	.E, FL 3225	o7	JACKSONVILLE, FL 32257				-	1.00			100	
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address				1			لسرار	السيال	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01052007	Chg-LL(	c c	R2E083 (	12/06)	
City & State			City & State				4. FEI Numb				<del></del>	plied For Applicable
Zip	Country		Zip Cou		itry	- Comment		of Status De	sired [	\$5.0 Fee i	00 Add	litional
	6. Name	and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent							
SHEFFIELD & BOATRIGHT, P.A. 6101 GAZEBO PARK PLACE N					Name Street Address (P.O. Box Number is Not Acceptable)							
SUITE 101	l				and the section of th							
JACKSONVILLE, FL 32257				City	ity				FL Zip Code			
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, the obligations of registered agent.											and accept	
SIGNATURE												
	Signature, typed	or printed name of registered agent ar	nd lute if applicable. (NOTE	Registere	d Agent agnax	ika tedinised	when reinstating)			DATE		
Fi Di	iling Fee l ue by Mæ	s \$50.00 y 1, 2007					Make check payable to Florida Department of State					
9.		MANAGING MEMBER		10.				ADDIT	IONS/CHA			
TITLE NAME	MGRM	LD, J. HOWARD	Delete Intui								Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	6101 GAZ	ZEBO PARK PLACE N, S VILLE, FL 32257	GUIATE 101	ET ADDRESS -ST-ZIP								
TITLE	MGRM Delete			TITE		MEME	ER			00	Change	Addition
NAME	SCHACTER, DAVID 6101 GAZEBO PARK PLACE			NAM		DAVID A. SHACTER						
STREET ADDRESS CITY-ST-ZIP	JACKSON		ET ADDRESS -St-zip	6101 GAZEBO PARK PL N #107 JACKSONVILLE FL 32257								
THILE	☐ Octobe 147					MEMB	ER .	•			21ange	Addition
STREET ADDRESS				E El address	SCOTT R. BOATRIGHT:   6101 GAZEBO PARK PL N #101   JACKSONVILLE FL 32257					~		
CITY-ST-ZIP			Delete		-SI-ZIP	MEME	ER			·	hanne -	Addition
NAME			Decia	NAM		DONA	LD S. W GAZĖBO	AREJR	T NJ #1	Λ <b>5</b>	/nonge	es Abdition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -S1-ZIP		SONVILL		2257	0)		
TITLE	<u> </u>		☐ Delete	THTLE		MEMB	ER				hange	Addition
NAME				NAME		WILL	IAM T S	PINNER	C DT 17		•	
STREET ADDRESS CITY-ST-ZIP	8				ET ADORESS - S1 - ZIP	JACK	FLORID SONVILL	E FL 3	2257	BLD I	JU #	11
TITLE		······································	☐ Delete	TITLE	<u> </u>						hange	Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS							ĺ
CITY-ST-ZIP					-\$1-21P							
11. I hereby	cenify that th	e information supplied with	this filing does not qualify for	the exe	mptions co	ntained i	n Chapter 119	, Florida Statul	es. I lurther	certify that	the info	mation
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: 1-							11-07		904	733 79	200	
		AND TYPIN OR BRINTED NAME OF	REMING MANAGES MEMBER MAN	AGER DE	AUTHORIZED	REPRESE	TATIVE	Пана		Cavione	Phone 6	