

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90135 050 \*\*\*\*50.00

**DOCUMENT # L03000043821**

1. Entity Name  
PARK LANE VENTURE II, L.L.C.



Principal Place of Business  
300 PARK AVE. NORTH, STE. 201  
WINTER PARK, FL 32789

Mailing Address  
300 PARK AVE. NORTH, STE. 201  
WINTER PARK, FL 32789

**20009901**



02052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEE Number  
02-0711580

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BUILDER, J. LINDSAY JR, ESQ  
369 N. NEW YORK AVE., 3RD FLOOR  
WINTER PARK, FL 32789

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SELNK DEVELOPMENT, L.L.C.  
300 PARK AVE. NORTH, STE. 201  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

**SIGNATURE:**

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

Date

Daytime Phone #

*Anil H. Thadani*  
**ANIL H. THADANI** 2-8-05 407-647-6360