2006 LIMITED LIABILITY COMPANY TANNUAL REPORT

DOCUMENT # L03000046294

1. Entity Name

PARK REAL ESTATE AND INVESTMENTS, L.L.C.



FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3515 O'FFALY COURT TALLAHASSEE, FL 32309-3141 3515 O'FFALY COURT

TALLAHASSEE, FL 32309-3141



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sequence Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARK, THOMAS R 3515 O'FFALY COURT TALLAHASSEE, FL 32309-3141

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both	n, 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 retretating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK, THOMAS 3515 O'FFALY COURT TALLAHASSEE, FL 323093141		U00000519854 05/02/06-80071-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK, SUSAN 3515 O'FFALY COURT TALLAHASSEE, FL 323093141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 trustee engagement to execute this report as required by Chapter 608, Florida Statutes.

Susan

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