


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000048155</b> 1. Entity Name <b>PARK MANOR, LLC</b>	
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Principal Place of Business <b>2720 PARK ST, STE 205 JACKSONVILLE, FL 32205</b>	Mailing Address <b>2720 PARK ST, STE 205 JACKSONVILLE, FL 32205</b>
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01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0426515</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SHAD, HAROLD W III  
2720 PARK ST, STE 205  
JACKSONVILLE, FL 32205**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SHAD, H. W. III
STREET ADDRESS	5031 YACHT CLUB RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGR
NAME	SHAD, H. W. IV
STREET ADDRESS	2828 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	MGR
NAME	SHAD, JACK L
STREET ADDRESS	2826 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000384121  
01/13/06-80028-013 50.00

**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:**

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

Date

Daytime Phone #

*H.W. Shad* **H.W. Shad**

**1/9/06**

**904-388-0600**