

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90061 001 ***138.75

DOCUMENT # L03000048155

1. Entity Name
PARK MANOR, LLC



Principal Place of Business
**2720 PARK ST, STE 205
JACKSONVILLE, FL 32205**

Mailing Address
**2720 PARK ST, STE 205
JACKSONVILLE, FL 32205**

60007750



2. Principal Place of Business - No P.O. Box #

1022 Park St

3. Mailing Address

1022 Park St

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Ste 201

02112008 Chg-LLC CR2E083 (12/06)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

20-0426515

Applied For

Not Applicable

Zip

32204

Country

Zip

32204

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1022 Park St

ste 201

City

Jacksonville

FL

Zip Code

32204

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SHAD, H. W. III**
STREET ADDRESS **5031 YACHT CLUB RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **MGR** ☐ Delete
NAME **SHAD, H. W. IV**
STREET ADDRESS **~~2020 OAK STREET~~**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **MGR** ☐ Delete
NAME **SHAD, JACK L**
STREET ADDRESS **~~2020 OAK STREET~~**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4982 ARAPAHOE AV**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1637 S. Edgewood Av**
CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2/11/08

904-358-0605