


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

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|---|--|---------------------------------|---|---|---|
| DOCUMENT # L03000048458 | | | |  | |
| 1. Entity Name DANIEL PARKS IV LLC | | | | | |
| Principal Place of Business 11110 W OAKLAND PARK BLVD #207 SUNRISE FL 33351 | | | Mailing Address 11110 W OAKLAND PARK BLVD #207 SUNRISE FL 33351 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0566173 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent PARKS, DANIEL IV 11110 W OAKLAND PARK BLVD #207 SUNRISE FL 33351 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when filing this report) | | | | | |
| <div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div> | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARKS, DANIEL IV 11110 W OAKLAND PARK BLVD #207 SUNRISE FL 33351 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U000000429170 02/21/06-80078-001 50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Daniel Parks IV **2-7-06** **954 401 1273**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #