

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-23-2005 90377 004 ****50.00

DOCUMENT # L04000002901 1. Entity Name WINTER PARK CONDOS LLC					
Principal Place of Business 6824 HANGING MOSS ROAD ORLANDO, FL 32807			Mailing Address 6824 HANGING MOSS ROAD ORLANDO, FL 32807		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0527180	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PARKS, LINDA 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name CHRIS PARENT Street Address (P.O. Box Number is Not Acceptable) 6824 HANGING MOSS ROAD City ORLANDO FL Zip Code 32807		
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 <u>CDR</u> CHRIS PARENT DATE 5/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING OPERATING MANAGER <input type="checkbox"/> Delete CHRIS PARENT 6824 HANGING MOSS RD ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATING MANAGER <input type="checkbox"/> Delete Raul VARGAS 6824 HANGING MOSS RD ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>CDR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 5/20/05 Daytime Phone # 407.402.4307		

30008873



05202005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, LINDA
203 LOOKOUT PLACE, SUITE A
MAITLAND, FL 32751

Name **CHRIS PARENT**
 Street Address (P.O. Box Number is Not Acceptable)
6824 HANGING MOSS ROAD
 City **ORLANDO** FL Zip Code **32807**

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 **CDR** **CHRIS PARENT** DATE **5/20/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING OPERATING MANAGER ☐ Delete
CHRIS PARENT
6824 HANGING MOSS RD
ORLANDO, FL 32807

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OPERATING MANAGER ☐ Delete
Raul VARGAS
6824 HANGING MOSS RD
ORLANDO, FL 32807

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: **CDR** Date **5/20/05** Daytime Phone # **407.402.4307**
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CDR

5/1/05