

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90035 019 \*\*\*\*50.00

**DOCUMENT # L04000005537**

1. Entity Name  
**PARK SQUARE, LLC**



Principal Place of Business  
**611 WEST BAY STREET  
TAMPA, FL 33606**

Mailing Address  
**611 WEST BAY STREET  
TAMPA, FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**33-1088490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, MICHAEL H  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD STE. 2800  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **HPB Management, Inc.**

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

**611 West Bay St.**

City **Tampa**

FL

Zip Code **33606**

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

**3-27-06**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **HYDE PARK BUILDERS, INC.**  
STREET ADDRESS **611 WEST BAY STREET**  
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **MANAGER** ☐ Change ☐ Addition  
NAME **HPB Management, Inc.**  
STREET ADDRESS **611 West Bay Street**  
CITY-ST-ZIP **Tampa, FL 33606**

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

TITLE ☐ Change ☐ Addition  
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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:

**Scott Shimberg**  
**President, HPB Management, Inc.**  
**HPB Management, Inc.**  
**3-26-06**

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

Daytime Phone #