## 2005 LIMITED LIABILITY COMPANY

## FILED Apr 21, 2005 8:00 am Secretary of State 04-08-2005 90277 043 \*\*\*\*50.00

DOCUMENT # L0400007426  1. Entity Name PARK PLACE ESTATES-CHARLOTTE, LLC					04-08-2005 90277 043 ****50.00	
Principal Place of Business 13777 BELCHER RD. SOUTH LARGO, FL 33771		Mailing Address 13777 BELCHER RD. SOUTH LARGO, FL 33771			30004165	
2. Principal Place of Business		3. Mailing Address			T THE REAL PROPERTY OF THE PRO	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142005 Chg-LLC CR2E083 (10/03)	
City & State		City & State			4. FEI Number Applied For 20 – 0653732 Not Applied	-
Zip	Country	Zip	Country		Certificate of Status Desired	
6. N	ame and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	二
		P.O. Box Number is Not Acceptable)  RELCHER ROAD S				
			Ç		FL Zip Code	$\dashv$
8. The above named the obligations div		or the purpose of changing its		ARGO lice or register	red agent, or both, in the State of Florida. I am familiar with, and acce	ept
SIGNATURE	120 14K	NHOL JOHN		AZZA	3/28/2005	
Filing F	hyped or printed name of registered again see is \$50.00 May 1, 2005	t and stall applicable. (NO	TE: Registered Agen	C Egrapho ( oguve	Make check payable to Fiorida Department of State	
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHANGES	$\Box$
TITLE NAME		Deleta	TITLE RAME	MGR	PRES. □ Change XXAddi	ition
STREET ADDRESS CITY-ST-ZIP			STREET ADD	DRESS 137	AZZA, JOHN J. 177 BELCHER ROAD S.	İ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	MBR LOM	NGO, FL. 33771 ☐ Change XXAdd ☐ Change XXAdd ☐ Change XXAdd ☐ Change XXAdd ☐ Change XXAdd	ition
TITLE HAME STREET ADDRESS CITY-51-74P	_	☐ Delete	TITLE  NAME STREET ADS CITY-ST-ZI	DRESS	KGO, FL. 33771 ☐ Change ☐ Addi	itien
THILE NAME STREET ADDRESS CITY-ST-ZIP	<del>.</del>	Delete	TITLE  NAME  STREET ADM  CITY-ST-73		- Change - Addi	ilion -
TITLE HAME STREET ADDRESS CITY-ST-UP		. Delete	TITLE NAME STREET ADI CITY-ST-Z		☐ Change ☐ Addi	itian
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ACK CITY-ST-Z		☐ Change ☐ Addi	ation
indicated on this limited liability co	report is true and accurate armpany or the receiver or trust	id that my signature shall have se empowered to execute this	the same legals report as required.  J. PIA:	al effect as if nuired by Chap	3/28/2005 727-726-3310	n