

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90033 003 ****50.00

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03222006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000017643 1. Entity Name PARK PLACE TITLE III, LLC					
Principal Place of Business 449 N. STATE ROAD 434, SUITE 1001 ALTAMONTE SPRINGS, FL 32714			Mailing Address 449 N. STATE ROAD 434, SUITE 1001 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 41 Zachary Wade St. Suite, Apt. #, etc.		3. Mailing Address 41 Zachary Wade St. Suite, Apt. #, etc.			
City & State Winter Garden, FL Zip 34787 Country U.S.		City & State Winter Garden, FL Zip 34787 Country U.S.		4. FEI Number 11-3713696	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, GEORGE I 449 N. STATE ROAD 434, SUITE 1001 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Barbara Stewart Street Address (P.O. Box Number is Not Acceptable) 41 Zachary Wade St. City Winter Garden FL Zip Code 34787	
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 Barbara Stewart 3/23/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, BARBARA 41 ZACHARY WADE ST WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALES, GEORGE 2106 BLUFF OAK ST APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: George Gonzalez		3/30/06 (407) 786-9898 <small>Date Daytime Phone #</small>			