


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000028902**  
 1. Entity Name  
**PARK PARTNERS, LLC**



Principal Place of Business  
**340 W CENTRAL AVE  
 STE 300  
 WINTER HAVEN, FL 33880**

Mailing Address  
**P.O. BOX 1478  
 WINTER HAVEN, FL 33882**



01172006 No Chg-LLC CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-2003347</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOGDAHN, JOSEPH  
 340 WEST CENTRAL AVE. SUITE 300  
 WINTER HAVEN, FL 33880**

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000398576  
 01/31/06-60003-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TANNER, WEBB PRES 6 BROGDEN CT SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RHODES-TANNER, DEANNA 6 BROGDEN CT SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WELKER, MICHAEL F 1107 E WASHINGTON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **Deanna Rhodes-Tanner** **1/26/06** **863-988-8771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #