


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>340 W CENTRAL AVE          STE 300          WINTER HAVEN, FL 33880</b>	Mailing Address <b>P.O. BOX 1478          WINTER HAVEN, FL 33882</b>
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01162008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

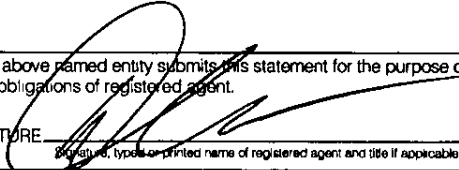
4. FEI Number <b>34-2003347</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**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**

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:  *Corporate Secretary* DATE: **1-22-08**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating))

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

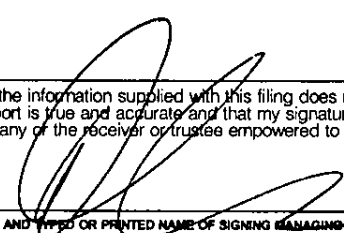
**9. MANAGING MEMBERS/MANAGERS**

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

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UN0000794134  
 01/25/08-80035-018 138.75

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:  DATE: **1-22-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #