2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 27, 2005 8:00 am
Secretary of State

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04282005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
PARK PLACE PROPERTIES, LLC

Principal Place of Business	Mailing Address
2238 BRANDON ROAD LAKELAND, FL 33803	2238 BRANDON ROAD LAKELAND, FL 33803

2. Principal Place of Business		3. Mailing Address	
		330 E HIGHLAND DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: LAKELAND FL	
Zip	Country	Zip: 33813	Country: USA

4. FEI Number: 59-2339119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORTIN, W.R. "SANDY" 2238 BRANDON ROAD LAKELAND, FL 33803	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORTIN, W.R. "SANDY" 2238 BRANDON ROAD LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W.R. Fortin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #