2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064886

1. Entity Name

PARKE PLAZA ASSISTED LIVING, LLC



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2979 PGA BOULEVARD

PALM BEACH GARDENS, FL 33410 US

2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410



DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-1865045

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410

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

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, 2006

U00000543019 05/10/06-80118-025 **5**0.00

9.	MANAGING MEMBERS/MANAGERS	-
NAME STREET ADDRESS GUY-ST-ZIP	MGRM CORAL PARKE HOLDINGS, LLC 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FALM BLACK GANDENS, FE 33410	
THIE NAME STREET ADDRESS ONY ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ABORESS '1'Y ST ZIF		
TITLE NAME STREET ADDRESS CUTY ST. ZIP		

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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 first florida Statutes.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARKET

IGNING MANAGING WELLDER OR ANTHORIZED REPRESENTATIVE

Date

Daytime Phone #