

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90104 016 ****50.00

DOCUMENT # L04000081859

1. Entity Name
OKEECHOBEE PARKING, LLC



Principal Place of Business
**2901 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33409 US**

Mailing Address
**P.O. BOX 8564
DEERFIELD BEACH, FL 33443 US**

20011772



2. Principal Place of Business
805 E. Hillsboro Blvd.

3. Mailing Address

01032005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206

City & State

City & State

Deerfield Beach, FL

4. FEI Number

42-1650432

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

USA

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

**DROSKY, TODD C
805 EAST HILLSBORO BOULEVARD
SUITE 206
DEERFIELD BEACH, FL 33441**

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 restate)

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
HENNIGAR, CURTIS A
805 EAST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33441** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SUITE 206 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGING MEMBER

2-14-05

954-426-1444