


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90088 007 \*\*\*138.75

**DOCUMENT # L04000086683**

1. Entity Name  
**PARKSIDE ZENITH, LLC**



Principal Place of Business  
**222 S. MILITARY TRAIL  
 DEERFIELD BEACH, FL 33442**

Mailing Address  
**222 S. MILITARY TRAIL  
 DEERFIELD BEACH, FL 33442**

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-1057541</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

**GORDON, SEYMOUR  
 222 S. MILITARY TRAIL  
 DEERFIELD BEACH, FL 33442**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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>MGRM GORDON, SEYMOUR 222 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GORDON, MARTIN 222 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>
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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:**  **3/14/08** **954 261 0158**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #