

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90077 039 ****50.00

DOCUMENT # L04000090320

1. Entity Name
PARK PLACE INTERNATIONAL FUNDING, LLC



Principal Place of Business
**21 SE 1 AVENUE
10TH FLOOR
MIAMI, FL 33131**

Mailing Address
**21 SE 1 AVENUE
10TH FLOOR
MIAMI, FL 33131**



2. Principal Place of Business
**600 Brickell Av.
Suite, Apt. #, etc.
SR. 301-D.**

3. Mailing Address
**4829 FISHER ISLAND DR.
Suite, Apt. #, etc.**

01132006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-1260427.**
APPLIED FOR

Zip
33131

Country
USA.

Zip
33109

Country
USA.

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

6. Name and Address of Current Registered Agent

**HART, DAVID J
21 SE 1 AVENUE
10TH FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
CARLOS J. MATTOS
Street Address (P.O. Box Number is Not Acceptable)
4829 FISHER ISLAND DR.
City **MIAMI** FL Zip Code **33109**

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 **CARLOS J. MATTOS (MGRM)** 02-06-06
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MATTOS, CARLOS
21 SE 1 AVENUE, 10TH FLOOR
MIAMI, FL 33131** ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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 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: **CARLOS J. MATTOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-06-06
Date

305-416-0262
Daytime Phone #