

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-03-2006 90077 038 ****50.00

DOCUMENT # L04000090349

1. Entity Name
PARK PLACE OF FLORIDA, 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.

St. 301-D.

City & State

MIAMI FL

Zip

33109

Country

USA

3. Mailing Address

4824 FISHER ISLAND DR.

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FL

Zip

33109

Country

FL

01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number **65-1260429**
APPLIED FOR

Applied For

Not Applicable

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)

4824 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

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**

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

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

02-06-06

Date

(305) 416-0202

Daytime Phone #