2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

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Entity Name: PARK AVENUE PROPERTY INVESTMENT I, LLC

Current Principal Place of Business:

1902 RAA AVENUE
TALLAHASSEE, FL 32303

New Principal Place of Business:

515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Current Mailing Address:

1902 RAA AVENUE
TALLAHASSEE, FL 32303

New Mailing Address:

515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

FEI Number: 20-2010701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBERTS, KEVIN R
Address: 103 N MERIDIAN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete
Name: BACOT, S. ASHLEY
Address: 103 N MERIDIAN STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROBERTS, KEVIN R
Address: 515 E. PARK AVE.
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM (X) Change ( ) Addition
Name: BACOT, S. ASHLEY
Address: 515 E. PARK AVE.
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN R. ROBERTS MGRM 03/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date