

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002681

FILED
Aug 02, 2008
Secretary of State

Entity Name: PARKSIDE FOUR, L.L.C.

Current Principal Place of Business:

955 S.W. 21ST WAY
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

955 S.W. 21ST WAY
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 11-3742988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FUMAGALI, OSCAR
955 S.W. 21ST WAY
BOCA RATON, FL 33486 US

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: DIR () Delete
Name: FUMAGALI, OSCAR
Address: 955 S.W. 21ST WAY
City-St-Zip: BOCA RATON, FL 33486 US

Title: DIR () Delete
Name: PAULINO, PAUL
Address: 3375 SPANISH RIVER ROAD
City-St-Zip: BOCA RATON, FL 33432 US

Title: DIR () Delete
Name: MOORE, RICHARD
Address: 22 LINCOLN AVE
City-St-Zip: DIX HILLS, NY 11746 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OSCAR J. FUMAGALI

MGR

08/02/2008

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