FILED Mar 20, 2006 8:00 am Secretary of State

. Emity Name	MENT # L05000019 ACE, LLC	9931						
Principal Place of Business 131 PARK LAKE STREET 0RLANDO, FL 32803-3821 Malling Address 131 PARK LAKE STREET 0RLANDO, FL 32803-3821			T 3821	30002789				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State		4. FELNumt	Ö1398	41		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificati	of Status Desired		\$5.00 Ack Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New	Registered A	gent	
CAHILL, CARL H 131 PARK LAKE STREET ORLANDO, FL 32803-3821		Street Address		s (P.O. Box Numl	per is Not Acceptat	ole)		
			City			FL	Zip Cod	•
	named entity submits this stetement for one of registered agent.	or the purpose of changing its	registered affice or regis	ered agent, or b	oth, in the State of F	Rorida. I am f	amiliar with,	and accept
SIGNATURE _	Signature, typed or printed name of regulatored apen	and the identification (NOT	E: Registered Agent signature requi	rand unband second about		DATE		
Fil	ling Fee is \$50.00 se by May 1, 2006					ike check pa da Departmi		
9.	MANAGING MEMB	ERS/MANAGERS	10.	 ,	ADDITION:	S/CHANGES		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	CARL H. CAHILL 131 PARK LAKE DELANDO. EL	NGR DERE STREET 32803-3821	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
ittle Name Sireet address City-St-Zip		□ Detae	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Charge	Addition
HAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NUME STREET ADDRESS CITY-ST-ZIP				Charge	Addition
HITLE : NAME STREET ADDRESS CITY-ST-ZUP		Dete	NAME STREET ADDRESS CITY-ST-ZIP				Charge	Addation
ITTLE NAME STREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change	Addition
title Rame Street adoress City-St-Zip		🗀 Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and billity company or the rectifier or truster.	d that my signature shall have	CITY-ST-ZIP The exemptions containe the same legal effect as it	made under oat	h; that I am a man	further certify aging membe	that the info or manage	ermation of the



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 8, 2006

PARK PLACE, LLC 131 PARK LAKE STREET ORLANDO, FL 32803-3821

Subject: PARK PLACE, LLC

Reference Number:

3/16/06 COMPLETED FORM ATTACHED. Thank You!

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

L05000019931

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION