


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90056 039 \*\*\*\*\*50.00

<b>DOCUMENT #</b> L05000019931	
--------------------------------	---

1. Entity Name  
**PARK PLACE, LLC**

Principal Place of Business <b>131 PARK LAKE STREET ORLANDO, FL 32803-3821</b>	Mailing Address <b>131 PARK LAKE STREET ORLANDO, FL 32803-3821</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>801 N. Orange Avenue</b>	3. Mailing Address <b>801 N. Orange Avenue</b>
Suite, Apt. #, etc. <b>Suite 820</b>	Suite, Apt. #, etc. <b>Suite 820</b>
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32801-5203</b>	Zip <b>32801-5203</b>
Country <b>USA</b>	Country <b>USA</b>

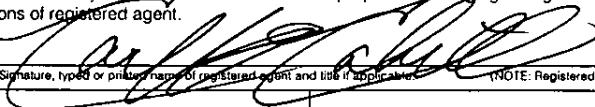
04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>87-0739847</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent <b>CAHILL, CARL H 131 PARK LAKE STREET ORLANDO, FL 32803-3821</b>	7. Name and Address of New Registered Agent Name <b>CAHILL, CARL H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 N. Orange Avenue</b> Suite 820 City <b>Orlando, FL</b> Zip Code <b>32801-5203</b>
--	---

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  **Carl H. Cahill** **4/25/07**  
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H 131 PARK LAKE STREET ORLANDO, FL 328033821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cahill, Carl H. 801 N. Orange Ave., Suite 820 Orlando, FL 32801-5203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Carl H. Cahill** **4/25/07** **407-422-5456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #