

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000039362

**FILED**  
**Apr 10, 2006**  
**Secretary of State**

**Entity Name:** PARK AVENUE ACCOUNTING SERVICES

**Current Principal Place of Business:**

934 PARK AVENUE  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

934 PARK AVENUE  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number:** 20-1874005      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOM, SCHERZER  
934 PARK AVENUE  
LAKE PARK, FL 33403      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: MGR      ( ) Delete  
Name: FORTUNATO, DAN  
Address: 10866 EGRET POINT LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR      ( ) Delete  
Name: SCHERZER, TOM  
Address: 105 HALF MOON CIRCLE A2  
City-St-Zip: HYPOLUXO, FL 33462

**ADDITIONS/CHANGES:**

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 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: TOM SCHERZER

MGR

04/10/2006

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