

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039362

FILED
Apr 23, 2007
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:

105 HALF MOON CIRCLE
HYPOLUXO, FL 33462

Current Mailing Address:

934 PARK AVENUE
LAKE PARK, FL 33403

New Mailing Address:

P.O. BOX 3378
LANTANA, FL 33465

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:

TOM, SCHERZER
105 HALF MOON CIRCLE
HYPOLUXO, FL 33462 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:

04/23/2007

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: MGR (X) Change () Addition
Name: SCHERZER, EILEENE
Address: P.O. BOX 3378
City-St-Zip: LANTANA, FL 33465

Title: MGR (X) Change () Addition
Name: SCHERZER, TOM
Address: P.O. BOX 3378
City-St-Zip: LANTANA, FL 33465

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

04/23/2007

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