

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048439

Entity Name: PARK-19, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

3630 LITTLE ROAD
LUTZ, FL 33548

New Principal Place of Business:

5301 GULF BLVD.
D610
ST. PETERSBURG BEACH, FL 33706

Current Mailing Address:

P.O. BOX 273108
TAMPA, FL 33688 US

New Mailing Address:

5301 GULF BLVD.
D610
ST. PETERSBURG BEACH, FL 33706

FEI Number: 20-3136337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FEARS, SHERRY L
3630 LITTLE ROAD
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

FEARS, SHERRY L
5301 GULF BLVD.
ST. PETERSBURG BEACH, FL 33706 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: SHERRY FEARS

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FEARS, GREG D MGR
Address: 3630 LITTLE ROAD
City-St-Zip: LUTZ, FL 33548 US

Title: MGR () Delete
Name: FEARS, SHERRY L MGR
Address: P.O. BOX 273108
City-St-Zip: TAMPA, FL 33688 US

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: FEARS, GREG D MM
Address: 4045 PARK BLVD.
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: MGR (X) Change () Addition
Name: FEARS, SHERRY L MGR
Address: 5301 GULF BLVD.
City-St-Zip: ST. PETERSBURG BEACH, FL 33706 US

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: SHERRY FEARS

MGR

03/24/2009

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