

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4. **FILED**
May 04, 2006 8:00 am
Secretary of State

04-21-2006 90016 025 ****50.00

DOCUMENT # L05000062971

1. Entity Name
WASHINGTON PARK ASSOCIATES, L.L.C.



Principal Place of Business
**1432 FIRST STREET
SARASOTA, FL 34236**

Mailing Address
**1432 FIRST STREET
SARASOTA, FL 34236**

30007146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-3143491

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, J.KEVIN ESQ
DOOLEY & DRAKE, P.A.
1432 FIRST STREET
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
RUTKOWSKI, DEVIN
1432 FIRST STREET
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HAYNES, JOHN
1432 FIRST STREET
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CONRAD, ALLEN
1432 FIRST STREET
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
DRAKE, J. KEVIN
1432 FIRST STREET
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☒ Change ☐ Addition
Drake, J. Kevin

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

J. Kevin Drake
Managing Member

4/18/06

Date

941-954-7750

Daytime Phone #