



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90015 008 ****50.00

DOCUMENT # L05000067097 1. Entity Name PARK AVENUE HOLDINGS, LLC																											
Principal Place of Business 1770 BRITT ROAD COCOA, FL 32926 US			Mailing Address 1770 BRITT ROAD COCOA, FL 32926 US																								
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number Chg-LLC CR2E083 (11/05)				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent WALTERS, DAVID B 1770 BRITT ROAD COCOA, FL 32926																							
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALTERS, DAVID B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1770 BRITT ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCOA, FL 32926</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	WALTERS, DAVID B		STREET ADDRESS	1770 BRITT ROAD		CITY-ST-ZIP	COCOA, FL 32926											
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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: 				Date: 4/19/06 Daytime Phone #: 321-213-3650																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											