


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90011 030 \*\*\*\*55.00

<b>DOCUMENT # L05000068309</b> 1. Entity Name <b>PARKVIEW PLACE LLC</b>					
Principal Place of Business <b>2330 NE 36TH STREET LIGHTHOUSE POINT FL 33064</b>			Mailing Address <b>2330 NE 36TH STREET LIGHTHOUSE POINT FL 33064</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5400 NE 15th Ave</b> Suite, Apt. #, etc.			
City & State		City & State <b>Ft. Lauderdale, FL</b>			
Zip <b>33334</b>	Country <b>USA</b>	4. FEI Number <b>16-1728726</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>KATZ, ALLEN H 2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE FL 33308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUELL, RICHARD W 2330 NE 36TH STREET LIGHTHOUSE POINT FL 33064</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUELL, CYNTHIA A 2330 NE 36TH STREET LIGHTHOUSE POINT FL 33064</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUELL, RICHARD W II 5400 NE 15TH AVE FT. LAUDERDALE FL 33334</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUELL, NANETTE 5400 NE 15TH AVE FT. LAUDERDALE FL 33334</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: <u>Nanette Salem-Buell</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4-10-06 954-493-8030</b> <small>Date Daytime Phone #</small>		