

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-04-2006 90011 006 ****50.00

DOCUMENT # L05000070926																																															
1. Entity Name PARKSIDE HOLDING COMPANY, LLC																																															
Principal Place of Business 7061 CYPRESS ROAD, SUITE 104 PLANTATION FL 33137			Mailing Address 7061 CYPRESS ROAD, SUITE 104 PLANTATION FL 33137																																												
2. Principal Place of Business			3. Mailing Address																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip	Country	Zip	Country	4. FEI Number 20-3195112																																											
				Applied For ☐ Not Applicable																																											
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																												
WEIL, KENNETH J ESQ RICHMAN GREER WEIL BLUMBAUGH MIRABITO & CH 201 S. BISCAYNE BLVD., 10TH FLOOR MIAMI FL 33131			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 _____ (NOTE: Registered Agent signature required when substituting)																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>MGR SPIRA, LAWRENCE R M.D. 7061 CYPRESS ROAD, SUITE 104 PLANTATION FL 33137</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPIRA, LAWRENCE R M.D. 7061 CYPRESS ROAD, SUITE 104 PLANTATION FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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.																																															
SIGNATURE: _____				3/21/06 954-474-7701 Date Daytime Phone																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE LAWRENCE R. SPIRA M.D.																																															