

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000121737

1. Entity Name

PARK PLACE VILLAGE REALTY, L.L.C.



Principal Place of Business

10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413

Mailing Address

10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413

FILED
May 03, 2007 08:00 A
Secretary of State



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3967907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FITZPATRICK, RAYMOND P JR
10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413

**DO NOT WRITE
IN THIS SPACE**

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 Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KIEFER, BRYAN 611 TEAL AVENUE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FITZPATRICK, RAYMOND P JR 10254 E CO HWY 30-A 11E PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAMBERS, STEVEN E 10254 E CO HWY 30-A 16E PANAMA CITY BEACH, FL 32413
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05/24/07-80065-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #