


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000021182 1. Entity Name PARK PLACE, LLC	
--	---

Principal Place of Business 10065 WEST EMERALD COAST PARKWAY SUITE B-101 DESTIN, FL 32550 US	Mailing Address 10065 WEST EMERALD COAST PARKWAY SUITE B-101 DESTIN, FL 32550 US
--	--

DO NOT WRITE IN THIS SPACE



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-2429369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VORBECK, GARY A
10065 WEST EMERALD COAST PARKWAY
SUITE B-101
DESTIN, FL 32550**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

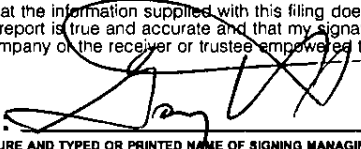
U00000927147
05/20/08-80095-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VORBECK, GARY A 10065 WEST EMERALD COAST PARKWAY, SUITE B- DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VORBECK, MICK 4470 NORTHGATE CT. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4/24/08** **850-654-0880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #