
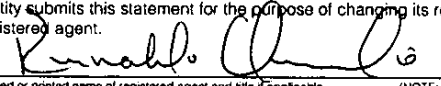
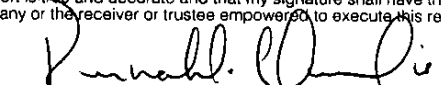


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 013 ****50.00

DOCUMENT # L06000025297 1. Entity Name PARK DRIVE MANAGEMENT, LLC					
Principal Place of Business 4396 WORTHINGTON CIRCLE PALM HARBOR, FL 34685			Mailing Address 4396 WORTHINGTON CIRCLE PALM HARBOR, FL 34685		
2. Principal Place of Business - No P.O. Box # 2720 Park Drive		3. Mailing Address 2720 Park Drive			
Suite, Apt. #, etc. Clearwater		Suite, Apt. #, etc. Clearwater			
City & State FL		City & State FL			
Zip 33763		Country USA		4. FEI Number 584-79-8312	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CLAUDIO, REINALDO 4396 WORTHINGTON CIRCLE PALM HARBOR, FL 34685					
7. Name and Address of New Registered Agent Name Claudio, Reinaldo Street Address (P.O. Box Number is Not Acceptable) 2720 Park Drive City Clearwater FL Zip Code 33763					
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 2/23/07 <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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Claudio, Reinaldo 2720 Park Drive Clearwater, FL 33763 <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	
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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 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:  Reinaldo Claudio DATE 2/23/07 (727) 726-8500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					