

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072506

Entity Name: 130 N. PARK AVE., LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

130 N. PARK AVENUE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

130 N. PARK AVENUE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-5300747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, MARK
130 N. PARK AVENUE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLMES, MARK
Address: 1561 BELFAST COURT
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: HOLMES, LAUREL
Address: 1561 BELFAST COURT
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: O'SHEA, PATRICK J
Address: 1310 LEXINGTON PARKWAY
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: O'SHEA, CLARE
Address: 1310 LEXINGTON PARKWAY
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK R. HOLMES

PRES

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date