

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074151

FILED
Apr 27, 2007
Secretary of State

Entity Name: OFFICES AT PARK PLACE, LLC

Current Principal Place of Business:

4500 140 AVE N
SUITE 101
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

4500 140 AVE N
SUITE 101
CLEARWATER, FL 33762

New Mailing Address:

P.O. BOX 17309
CLEARWATER, FL 33762

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFMAN, DAVID
802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

RUGGLES, THOMAS W
603 INDIAN ROCKS RD
BELLEAIR, FL 33756 US

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: THOMAS W. RUGGLES

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REAL ESTATE EXCHANGE, SERVICES, INC .
Address: 802 2ND STREET NORTH, SUITE A
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ENGELHARDT, STEVEN E
Address: 4500 140TH AVE N, SUITE 101
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM () Change (X) Addition
Name: ENGELHARDT, PAUL D
Address: 4500 140TH AVE N, SUITE 101
City-St-Zip: CLEARWATER, FL 33762

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: THOMAS W. RUGGLES

RA

04/27/2007

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