

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081335

FILED
Apr 30, 2008
Secretary of State

Entity Name: PARK AVENUE VENTURE, L.L.C.

Current Principal Place of Business:

2354 CHRISTOPHER PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

308 MCDANIEL STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 181014
TALLAHASSEE, FL 32318

New Mailing Address:

PO BOX 839
TALLAHASSEE, FL 32302

FEI Number: 20-5393052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADGETT, TIMOTHY D ESQ
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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: GRULICH, DAVID W
Address: 3457 EXMOUTH LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: GARCIA, EDWARD J
Address: 2205 ARMISTEAD ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: ROSE ACRES, LLC,
Address: 426 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

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: DAVID W. GRULICH

MGRM

04/30/2008

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