2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

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Entity Name: PARK STREET PROPERTIES, LLC

Current Principal Place of Business:

117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

New Principal Place of Business:

117 EAST LAKE AVENUE
C
AUBURNDALE, FL 33823 US

Current Mailing Address:

117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

New Mailing Address:

117 EAST LAKE AVENUE
C
AUBURNDALE, FL 33823 US

FEI Number: 06-1660624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOVONI, BRIAN R
117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

GOVONI, BRIAN R
117 EAST LAKE AVENUE
C
AUBURNDALE, FL 33823 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: 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GOVONI, BRIAN R	
Address:	117 EAST LAKE AVENUE - SUITE A	
City-St-Zip:	AUBURNDALE, FL 33823 US	
Title:	MGRM	( ) Delete
Name:	GOVONI, HENRY C	
Address:	117 EAST LAKE AVENUE - SUITE A	
City-St-Zip:	AUBURNDALE, FL 33823 US	
Title:	MGRM	( ) Delete
Name:	SKINNER, PAUL A	
Address:	6433 PINECASTLE BOULEVARD 14	
City-St-Zip:	ORLANDO, FL 32809 US	
Title:	MGRM	( ) Delete
Name:	BOUCHARD, GUY N	
Address:	16554 CROSSINGS BOULEVARD - SUITE 103	
City-St-Zip:	CLERMONT, FL 34711 US	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	GOVONI, BRIAN R	
Address:	117 EAST LAKE AVENUE - SUITE C	
City-St-Zip:	AUBURNDALE, FL 33823 US	
Title:	MGRM	(X) Change ( ) Addition
Name:	GOVONI, HENRY C	
Address:	117 EAST LAKE AVENUE - SUITE C	
City-St-Zip:	AUBURNDALE, FL 33823 US	
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: AMANDA-JO NICHOLSON O 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date