

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094907

Entity Name: 803 PARK, LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

625 MAIN ST., STE. 23
WINDERMERE, FL 34785

New Principal Place of Business:

Current Mailing Address:

625 MAIN ST., STE. 23
WINDERMERE, FL 34785

New Mailing Address:

FEI Number: 01-0917730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, NASHAE
2436 CEDAR KNOLL DR.
APOPKA, FL 32712 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROHRBACH, NICHOLAUS
Address: 625 MAIN ST., STE. 23
City-St-Zip: WINDERMERE, FL 34785

Title: MGRM () Delete
Name: LEITZINGER, GREGORY
Address: 625 MAIN ST., STE. 23
City-St-Zip: WINDERMERE, FL 34785

Title: MGRM () Delete
Name: HALL, NASHAE
Address: 2436 CEDAR KNOLL DR.
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:

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: NASHAE HALL

MGRM

06/23/2009

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