



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90130 005 ****50.00

DOCUMENT # L96000000515 1. Entity Name PARK ENTRANCE, L.C.					
Principal Place of Business 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444			Mailing Address 1000 MARKET STREET BLDG. ONE PORTSMOUTH, NH 03801		
2. Principal Place of Business <i>1001 E Atlantic Ave</i> Suite, Apt. #, etc. <i>Suite 202</i> City & State <i>Delray Beach, FL</i> Zip <i>33483</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <i>US</i>			
01222004 Chg-LLC CR2E083 (10/03)		4. FEI Number NOT APPLICABLE		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 E. Atlantic Ave, Suite 202</i> <i>Delray Beach, FL 33483</i>	
NAME	WALSH, MARK		NAME		
STREET ADDRESS	1100 LINTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 E. Atlantic Ave, Suite 202</i> <i>Delray Beach, FL 33483</i>	
NAME	WALSH, MICHAEL		NAME		
STREET ADDRESS	1100 LINTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADE, RICHARD C		NAME		
STREET ADDRESS	1000 MARKET ST. BLDG. ONE		STREET ADDRESS		
CITY-ST-ZIP	PORTSMOUTH, NH 03801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Mark Walsh</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>2/4/2004</i> Daytime Phone #: <i>(561) 279-9900</i>		