

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000515**

1. Entity Name  
**PARK ENTRANCE, L.C.**



Principal Place of Business  
**1001 E. ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483**

Mailing Address  
**1000 MARKET STREET  
BLDG. ONE  
PORTSMOUTH, NH 03801**



01202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and due if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, MARK  
1001 E. ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, MICHAEL  
1001 E. ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ADE, RICHARD C  
1000 MARKET ST. BLDG. ONE  
PORTSMOUTH, NH 03801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000530568  
05/06/06-80002-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Richard A. Mgr. 1/24/06 (603) 559-2100**