

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 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**



01142008No Chg-LLC

CR2E083 (12/07)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11000000915726
05/09/08-80026-017 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 609, Florida Statutes.

SIGNATURE: _____

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

**RICHARD C. ADE
MANAGER**

1/30/09

Date

(603)559-2100
Daytime Phone #