2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000515

1. Entity Name

PARK ENTRANCE, L.C.



FILED										
May 05, 2003 8:00 am	5									
Secretary of State										
•										

05-05-2003 92179 017 ****50.00

		<u>.</u>		COO WE THE						
Principal Plac	ce of Business	Mailing Address								
1100 LINTON BLVD.		1000 MARKET STREET								
SUITE C-9 DELRAY BEACH FL 33444		BLDG. ONE								
UELRAT DEAC	n FL 33444	PORTSMOUTH NH 03801				ON ON SOMETHING	1811: 81111 13	11 10 11 (1110 1110 111	(88 1 8 13) (88)	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State			4. FEI Num	nber NOT APPLI	CABLE		oplied For	
Zip	Country	Zip Country			5. Certifica	ite of Status Desired		\$5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent	!	<u> </u>	7. Name and Address of New Registered Agent					
	or maine and neededs of our one	negistered Agent		Name	7. Ivaille El	nd Address of New Tit	gistorea	-gent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Addres	ss (P.O. Box Num	iber is Not Acceptable)				
	NTATION FL 33324									
•	•			City			FL	Zip Cod	le	
	named entity submits this statement foions of registered agent.	r the purpose of changing its	registere	ed office or regis	stered agent, or b	ooth, in the State of Flor	ida. I am 1	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature requ	rired when reinstating)		DATE			
		FILE NO	WIII	FEE IS \$50.0	n					
•	. ,	Make Check Payabl		,	-					
	•			ay 1, 2003	nome of otato				}	
9.	MANAGING MEMBE		10.			ADDITIONS/	CHANGES			
TITLE	MGR	Delete	TITLE			ADDITIONS/	CHANGES	Change	Addition	
NAME	WALSH, MARK	L Detete	NAM	1		•		Change	☐ Addition	
STREET ADDRESS	1100 LINTON BLVD.			ET ADDRESS]	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY	-ST-ZIP						
TITLE	MGR	□ Delete	TITLE	: -				☐ Change	Addition	
NAME	WALSH, MICHAEL	D boloto	NAM					- Cuango	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	1100 LINTON BLVD.		STRE	ET ADDRESS					1	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY	-ST-ZIP					1	
TITLE	MGR	☐ Delete	TITLE					Change	Addition	
NAME	ADE, RICHARD C		NAM	E				_		
STREET ADDRESS	1000 MARKET ST. BLDG. ONE		STRE	ET ADDRESS					[
CITY-ST-ZIP	PORTSMOUTH NH 03801		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME		,	NAME	Ē ({	
STREET ADDRESS		,		ET ADDRESS					.	
CITY-ST-ZIP			CHY	-ST-ZIP						
TITLE	_	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	,		NAME						1	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
-			-	-ST-ZIP						
TITLE		☐ Delete	TITLE	i				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM(ET ADDRESS						
STREET ADDRESS !			•	ST-ZIP				,	1	
	partifus that the information as a blind state	this filing does not avalle to			Section 140 07/5	OV() Florido Charles 1		16. 45-44-5	oformation.	
ii. Thereby C	ertify that the information supplied with	ans ming does not qualify for	me exer	npuon stated in	560000 119.07 (3	ojuj, morida Statutes. H	iuriner cert	ary that the in	iiormation	

1. 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 redeiver 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/03 (561)279-990
Date Daytime Phone #

ZE002 (10/02