2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003147 Secretary of State 1. Entity Name PARK MODEL LLC Principal Place of Business Mailing Address 2152 14TH CIRCLE NORTH 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E083 (10/03) City & State City & State 4. FFI Number Applied For 59-3546762 Not Applicable Zίρ Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHERER III, CLARK H 2152 14TH CIRCLE NORTH Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG, FL 33713 City Zip Code 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, typedic ip valical name of regularly diagram and tilk if appreciate (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR BRE BILE ☐ Defete ☐ Change Addition AGUIRRE, FRED C MALIE NAME U0000094012 03/22/04-80042-006 50.00 STREET ADDRESS 131 ROSWELL STREET, SUITE B-1 STREET ADDRESS CITY-ST 78P ALPHARETTA, GA 30001 CITY ST 78º TITLE MGR ☐ Derete THILE ☐ Change ☐ Add®on SCHERER, CLARK H III **LAME** LAME. STREET ADDRESS 2152 14TH CIRCLE NORTH STREET ADDRESS CITY ST ZIP ST PETERSBURG, FL 33713 CITY-ST 78 MGR TITLE ☐ Defete TITLE Change ☐ Add@an NAME SERTICH, LARRY 5.A1.IF STREET ADDRESS 131 ROSWELL STREET, SUITE B-1 STREET ADDRESS CITY-ST-ZP ALPHARETTA, GA 30001 CITY ST ZIP TITLE ☐ Delete BRE Change ☐ Addision NAME MAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY ST ZIP TITLE □ Delete TIBLE Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY ST AP BILE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS DITY ST 289 CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 imited liability company or the receiver of the execute this report as required by Chapter 608, Florida Statutes. 14 March 727321814

COO HAME OF SIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 22, 2004 08:00 AM