

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004655 AF

**DOCUMENT # L99000002782**

1. Entity Name  
611 PARK AVENUE, L.L.C.

**FILED**

01 FEB 20 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
357 N. SPAULDING COVE  
HEATHROW FL 32746

Mailing Address  
357 N. SPAULDING COVE  
HEATHROW FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**  
59-3576137

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, ANTHONY B  
357 N. SPAULDING COVE  
HEATHROW FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME  Delete  
MGRM  
GEORGE MICHAEL BROSHART  
STREET ADDRESS 1360 MAGNOLIA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
MGRM  
MICHAEL BRADY LESSARD  
STREET ADDRESS 1109 MAGNOLIA AVENUE  
CITY-ST-ZIP SANFORD FL 32771

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
MGRM  
GREENFIELD, ANTHONY B  
STREET ADDRESS 357 N. SPAULDING COVE  
CITY-ST-ZIP HEATHROW FL 32746

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
MGRM  
PAGE, FRANK L  
STREET ADDRESS 5010 WINWOOD WAY  
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
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:

*Anthony Greenfield*  
ANTHONY GREENFIELD

2/9/01

Date

407-333-0204

Daytime Phone #

CR2E083 (11/00)