


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90084 008 ****50.00

DOCUMENT # L99000002782 1. Entity Name 611 PARK AVENUE, L.L.C.					
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 1040 Bloomsbury Run		3. Mailing Address 1040 Bloomsbury Run			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Heathrow FL		City & State Heathrow FL		4. FEI Number 59-3576137	
Zip 32746		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GREENFIELD, ANTHONY B 357 N. SPAULDING COVE HEATHROW, FL 32746			7. Name and Address of New Registered Agent Name <u>Anthony B. Greenfield</u> Street Address (P.O. Box Number is Not Acceptable) <u>357 N. Spaulding Cove</u> City <u>Heathrow</u> <u>FL</u> Zip Code <u>32746</u>		
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 <u>Lisa Lessard</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-1-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE MICHAEL BROSHART 1360 MAGNOLIA AVENUE WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL BRADY LESSARD 1109 MAGNOLIA AVENUE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENFIELD, ANTHONY B 357 N. SPAULDING COVE HEATHROW, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1040 Bloomsbury Run</u> <u>Heathrow, FL 32746</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGE, FRANK L 5010 WINWOOD WAY ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lisa Lessard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>2-1-06</u> Daytime Phone # <u>407-333-0204</u>	