

138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003097

1. Entity Name
PARK PLACE ASSOCIATES, LLC



Principal Place of Business
% PROFESSIONAL MANAGEMENT, INC.
9095 S.W. 87TH AVENUE, SUITE 777
MIAMI, FL 33176

Mailing Address
% PROFESSIONAL MANAGEMENT, INC.
9095 S.W. 87TH AVENUE, SUITE 777
MIAMI, FL 33176

FILED
08 MAR 13 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
65-0915887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, SYRIE
C/O PROFESSIONAL MANAGEMENT, INC.
9095 S.W. 87TH AVE., STE. 777
MIAMI, FL 33176

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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)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARK PLACE MANAGER, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176
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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 _____

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

James R. Mitchell 3/10/08
305-270-0870