

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90275 035 \*\*\*\*\*50.00

**DOCUMENT # L99000006548**

1. Entity Name  
RECTORY PARK, L.C.



Principal Place of Business  
255 NE 6TH AVE.  
DELRAY BEACH, FL 33483

Mailing Address  
255 NE 6TH AVE.  
DELRAY BEACH, FL 33483

**24038166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
52-2196775

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

WINTZER, WILLIAM R  
255 NE 6TH AVE.  
DELRAY BEACH, FL 33483

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. 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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME GOODYEAR, KIMBERLY ☐ Delete  
STREET ADDRESS 125 LA POSTA RD.  
CITY-ST-ZIP TAOS, NM 87571

TITLE MGR  
NAME STEAD, JOHN ☐ Change ☒ Addition  
STREET ADDRESS 125 LA POSTA RD  
CITY-ST-ZIP TAOS, NM 87571

TITLE MGR  
NAME SAN MARTIN, MARTA ☒ Delete  
STREET ADDRESS 255 NE 6TH AVE.  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGR  
NAME BECHER, LAURA ☐ Change ☒ Addition  
STREET ADDRESS 125 LA POSTA RD  
CITY-ST-ZIP TAOS, NM 87571

TITLE MGR  
NAME WINTZER, WILLIAM R ☐ Delete  
STREET ADDRESS 255 NE 6TH AVE.  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** William R. Wintzer WILLIAM R. WINTZER 4/5/04 (561) 243-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #