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Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90073 012 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000006548

1. Entity Name
RECTORY PARK, L.C.



20023965

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

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



2. Principal Place of Business

1105 N. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

1105 N. FEDERAL HWY

Suite, Apt. #, etc.

02132006 Chg-LLC CR2E083 (11/05)

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number
52-2196775

Applied For
Not Applicable

Zip

33435

Country

US

Zip

33435

Country

US

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
1105 N. FEDERAL HWY
City BOYNTON BEACH FL Zip Code 33435

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 William R. Wintzer WILLIAM R. WINTZER

3/28/06

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: Kimberly Goodyear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/06

Date

(505) 758-5090

Daytime Phone #