LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 20, 2002 8:00 am Secretary of State 03-20-2002 90008 044 ****50.00

DOCUMENT									
] 1	PARK PLACE REAL ES	TATE, LLC							
2	IMM I MIOD KEIN EP	11112 , 220							
, <u>Q</u>					-				
	DO NOT WRIT	F IN THIS S	PAC	`E					
1	DO NOT WILL		,	انتها في مناع الم					
	Place of Business	3. Mailing Address							
56 S . 3 Suite, Apt	3rd Ave.	56 S. 33rd A Suite, Apt. #, etc.	56 S. 33rd Ave. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SP.	ACE		
PMB #23		PMB #234	PMB #234 City & State						
City & State St. Cloud, MN			St. Cloud, MN		4. FEI Number Applied For 41–2016082 Not Applicable				
Zip 563012				Country USA		5. Certificate of Status Desired			
30301		1 30301			7. Name	and Address of Current Registered A			
	DO NOT V	NRITE				arbaro			
IN THIS SPACE				Street Address	ess (P.O. Box Number is Not Acceptable)				
s .	PACE	, E		01d	Hyde Park Place				
				City Brad	enton	FL	3428)2	
8. The above	e named entity submits this statement	t for the purpose of changing i	ts register	red office or register	red agent,	or both, in the State of Florida.			
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00					-	DATE			
		Make Check P		ະ ຈວບ.ບບ to Department o	f State	: 		}	
	<u> </u>		DUE B	Y MAY 1				ĺ	
9. TITLE		BERS/MANAGERS	TITL					=======================================	
NAME	Chief Manager Paul G. Barbaro			ME			:	(12/0	
STREET ADDRESS CITY-ST-ZIP	ILUD 1/204, DO D. DOILU AVE.			EET ADORESS Y-ST-ZIP			,	CRZE083B (12/01)	
TITLE	Chief Financila Manager			E	···		;		
NAME STREET ADDRESS	Margaret C. Barbaro S PMB #234, 56 S. 33rd Ave.			AE EET ADORESS				5	
CITY-ST-ZIP	St. Cloud. MN 56301			Y-ST-ZIP					
TITLE NAME	and the second s			E AE	4. *** * \$ \$ \$	A STATE OF THE STA	u Maria	nga ing malay na sas	
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
CITY-ST-ZIP TITLE			TITL	·	······································				
NAME CONSCIENT ADDRESS			NAM	Æ		IN THIS SPACE			
STREET ADDRESS CITY-ST-ZIP		•		EET AODRESS 7-ST-ZIP					
TITLE			TITL				Ţ		
NAME STREET ADDRESS			NAM Stri	EET ADDRESS					
CITY-ST-ZIP				(+ST+ZIP		•			
title Name			TITL	1		•			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS	•	· · · · · · · · · · · · · · · · · · ·			
11. Thereby o	I certify that the information supplied w	ith this filing does not qualify fo	or the eve	r-ST-ZIP emption stated in Se	ection 119.	07(3)(i). Florida Statutes. I further certify	that the	information	
indicated	on this report is true and accurate ar bility company or the receiver or trust	an that my signature shall have	the came	a lanal effect as if w	aada unda	rooth: that I am a managing mombar a	r manag	er of the	
 	- Hau	Danl		D 1 - C	D 1	03/05/02	0.50	0001	
SIGNAT	URE: 144 14 SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MA	NAGER, OR	Paul G.			-253- ne Phone #	-0321	

Daytime Phone #