


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
2006 FEB - 1 AM 8:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

DOCUMENT # M05000000477 1. Entity Name PARKSIDE GARDENS, LLC	
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Principal Place of Business 1999 BROADWAY, SUITE 1000 DENVER, CO 80202-3025	Mailing Address 1999 BROADWAY, SUITE 1000 DENVER, CO 80202-3025
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR 32-0139515	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCY PROPERTIES CALIFORNIA 1999 BROADWAY, SUITE 1000 DENVER, CO 802023025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400065018584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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	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: Patricia O Roark	PATRICIA OROARK, VP, MEMBER	1/25/06	303-830-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #



CORPORATION SERVICE COMPANY

M050000000477

ACCOUNT NO. : 072100000032

REFERENCE : 844041 7112452

AUTHORIZATION

COST LIMIT : \$ 50.00

FILED  
2006 FEB - 1 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 31, 2006

ORDER TIME : 1:51 PM

ORDER NO. : 844041-020

CUSTOMER NO: 7112452

*PK*

ANNUAL REPORT FILING

NAME: PARKSIDE GARDENS, LLC

RECEIVED  
2006 FEB - 1 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS:

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