

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90149 047 \*\*\*\*50.00

**DOCUMENT # M97000000047**

1. Entity Name  
**PARKEMORE FAIRVIEW, LLC**



Principal Place of Business  
**2 POND'S EDGE DRIVE  
CHADDS FORD, PA 19317**

Mailing Address  
**P.O. BOX 999  
CHADDS FORD, PA 19317**

**24064404**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**23-2828843**

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

**BRANDYWINE FINANCIAL SERVICES CORP.  
BRUCE E. MOORE  
2637 MCCORMICK DR.  
CLEARWATER, FL 33759**

Name  
**Brandywine Financial Services Corporation**  
Street Address (P.O. Box Number is Not Acceptable)  
**Bruce E. Moore**  
**2631 McCormick Drive, Suite 101**  
City  
**Clearwater** FL Zip Code  
**33759**

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 re-registering)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOORE, BRUCE E  
P.O. BOX 999 N/A  
CHADDS FORD, PA 19317** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

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

**Bruce E. Moore,  
Managing Member**

**APR 26 2004**

Date

Daytime Phone #

**(602) 388-9600**