


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000012450 1. Entity Name PARK PROMENADE, INC.	
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Principal Place of Business P.O. BOX 21768 GREENSBORO, NC 27420	Mailing Address P.O. BOX 21768 GREENSBORO, NC 27420
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3556975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTELLI, WILLIAM
4244 ST JOHNS AVENUE
JACKSONVILLE, FL 32210-2132**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	025100110250 04/12/04-2004-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHEN, LAWRENCE M 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD COHEN, JOHN K 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COHEN, RUSSELL L 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BECKER, RICHARD I 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD BERNSTEIN, MARTIN M 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John K Cohen **JOHN K COHEN** 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #