

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

DOCUMENT# L05000086624

**Entity Name:** PSL TOWN CENTER 2005-NORTH GP, LLC

**Current Principal Place of Business:**

2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996

**New Mailing Address:**

PO BOX 3059  
STUART, FL 34995

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAPIRO, MAX  
2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_  
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MNGR  
Name: SHAPIRO, MAX  
Address: 2100 SE OCEAN BLVD. #205  
City-St-Zip: STUART, FL 34996 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MAX SHAPIRO MNGR 02/15/2010  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date