

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086624

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2055 S. KANNER HIGHWAY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3059  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SHAPIRO, MAX  
2055 S. KANNER HIGHWAY  
STUART, FL 34994 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: 2055 S. KANNER HIGHWAY  
City-St-Zip: STUART, FL 34994 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

MGRM

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date