

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086624

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

Current Principal Place of Business:

2055 S. KANNER HIGHWAY
STUART, FL 34994

Current Mailing Address:

PO BOX 3059
STUART, FL 34995

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, MAX
2055 S. KANNER HIGHWAY
STUART, FL 34994 US

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

Authorized Person(s) Detail :

Title MNGR
Name SHAPIRO, MAX
Address 2055 S. KANNER HIGHWAY
City-State-Zip: STUART FL 34994

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAX SHAPIRO

MGR

03/06/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date