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. MANAGING MEMBER SIGNATURE: GARY FISHMAN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PARK CENTRAL MANAGEMENT LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

16850 COLLINS AVENUE 112-435 SUNNY ISLES BEACH, FL 33160

DOCUMENT# L15000128159

Current Mailing Address:

1838 2ND AVENUE SUITE 350 NEW YORK, NY 10128

FEI Number: 47-4657496

Name and Address of Current Registered Agent:

FISHMAN, GARY 16850 COLLINS AVENUE 112-435 SUNNY ISLES BEACH, FL 33160 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

Authorized Person(s) Detail :			
Title	MMBR	Title	MMBR
Name	FISHMAN, VICTORIA	Name	FISHMAN, GARY
Address	16850 COLLINS AVENUE SUITE 112- 435	Address	16850 COLLINS AVENUE SUITE 112- 435
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160

Certificate of Status Desired: No

FILED Apr 30, 2016 Secretary of State CC5369808652

Date

04/30/2016