

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008401

1. Entity Name
CENTRAL PARK PLACE, L.L.C.



Principal Place of Business
**601 HIBISCUS DR.
HALLANDALE, FL 33009**

Mailing Address
**PO BOX 427
HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE



02152005No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1033163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOLORES, GOUVERT F
6842 BRIDLEWOOD CT
BOCA RATON, FL 33433**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MEAIR, HERZEL
P.O. BOX 427
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/10/06-80056-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/06
Date

786-425-3504
Daytime Phone #