2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90031 027 ****50.00

DOCUMENT # L0000009866 1. Entity Name PARKCENTRE LLC								04-14-2000	6 90031 ()27 ****	50.00
Principal Place of Business Mailing Address											
1111 PARK CENTER BLVD. MIAMI, FL 33169			11900 BISCAYNE BLVD., #801 N MIAMI, FL 33181						45 0 45 0 16 0		Č ŠL MI 1878.
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02142006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State				4. FEI Numb 65-104				plied For t Applicable
Zip	Country		Zip Coun		try	5. Certificate	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current F	legistered A				7. Name and	Address of New Re	egistered A	jent	
REINHAR					Name Street Address (P.O. Box Number is Not Acceptable)						
2875 NE 1 AVENTUR					Street Address		er is Not Acceptable	, 			
					City			FL	Zip Code	3	
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											
	iling Fee ue by Ma						Make check payable to Florida Department of State			•	
9.		MANAGING MEMBER	RS/MANAGI	ERS ,	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1024 NW	SIO, MICHAEL 99 AVENUE FION, FL 33181		Delete					•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	11900 BIS	ELD FINANCIAL CORP., SCAYNE BLVD #801	INC	☐ Delete		E ET ADDRESS				☐ Change	☐ Addition
CITY+ST-ZIP	NORTH N	MAMI, FL 33181		—		-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS				Delete		E ET ADDRESS				Change	Addition
CITY-ST-ZIP TITLE				☐ Delete	TITU	-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l				Change	Addition
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 cath; 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.											