

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90103 036 \*\*\*\*50.00

**DOCUMENT # L00000014610**

1. Entity Name

**CENTRAL PARK, LLC**



Principal Place of Business

**560 CENTER STREET, SUITE 1  
JUPITER FL 33458**

Mailing Address

**560 CENTER STREET, SUITE 1  
JUPITER FL 33458**

**20014713**

2. Principal Place of Business

**621 SE CENTRAL PARKWAY**

3. Mailing Address

**621 SE CENTRAL PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**STUART, FL**

City & State

**STUART, FL**

4. FEI Number

**65-1056434**

Applied For

Not Applicable

Zip

**34994**

Country

**US**

Zip

**34994**

Country

**US**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, DON  
560 CENTER STREET, SUITE 1  
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **GEORGE T. KELLY, IV**

Street Address (P.O. Box Number is Not Acceptable)  
**621 SE CENTRAL PARKWAY**

City **STUART**

**FL**

Zip Code **34994**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/3/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ANDERSON, DON**  
STREET ADDRESS **560 CENTER STREET, SUITE 1**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **MGR** ☐ Delete  
NAME **PRINCE, JOEL**  
STREET ADDRESS **917 S.E. CENTRAL PARKWAY**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **MGR** ☐ Delete  
NAME **KELLY, GEORGE T IV**  
STREET ADDRESS **621 SE CENTRAL PARKWAY**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/8/03**

Date

**772-387-8888**

Daytime Phone #

CR2E083 (10/02)