

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90055 019 \*\*\*\*50.00

**DOCUMENT # L01000007925**

1. Entity Name  
**CENTRAL PARK TWO, LLC**

**930408**

Principal Place of Business      Mailing Address  
**4139 BURNS RD**                      **4139 BURNS RD**  
**PALM BEACH GARDENS FL 33410**      **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business      3. Mailing Address  
**621 SE CENTRAL PARKWAY**      **621 SE CENTRAL PARKWAY**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**STUART, FL**                      **STUART, FL**                      **65-1109142**                      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$5.00 Additional Fee Required  
**34994**      **USA**                      **34994**      **USA**                            **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**KELLY, GEORGE T IV**                      Name **GEORGE T. KELLY IV**  
**4139 BURNS RD**                      Street Address (P.O. Box Number is Not Acceptable) **621 SE CENTRAL PARKWAY**  
**PALM BEACH GARDENS FL 33410**                      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.  
 SIGNATURE      DATE **2/18/02**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KELLY, GEORGE T IV 4139 BURNS RD PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>621 SE CENTRAL PARKWAY STUART, FL 34994</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ANDERSON, DON 560 CENTER ST SUITE 1 JUPITER FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PRINCE, JOEL 917 SE CENTRAL PARKWAY STUART FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:      DATE **2/18/02**      Daytime Phone # **561-287-8858**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)