

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020694

FILED
Feb 15, 2006
Secretary of State

Entity Name: CENTRAL PARK APARTMENTS, LLC

Current Principal Place of Business:

1 ASPEN DR
LOVELAND, CO 80538

New Principal Place of Business:

1 ASPEN DR
#85
LOVELAND, CO 80538

Current Mailing Address:

526 CENTRAL AVE STE 200
SAINT PETERSBURG, FL 33701

New Mailing Address:

2225 NURSERY ROAD
LEASING CENTER
CLEARWATER, FL 33764

FEI Number: 52-2887854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSIK, PETER
111 SECOND AVENUE NORTHEAST
#920
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: SCHROEDER, STEVE
Address: 2236 W FIRST ST #140
City-St-Zip: LOVELAND, CO 80537

Title: VPD () Delete
Name: BURSIK, PETER
Address: 526 CENTRAL AVE #200
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: SCHROEDER, STEVE
Address: ONE ASPEN DRIVE #85
City-St-Zip: LOVELAND, CO 80538

Title: VPD (X) Change () Addition
Name: BURSIK, PETER
Address: 111-2ND AVENUE NE, #920
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MAUREEN CONNOLLY

AGT

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date