

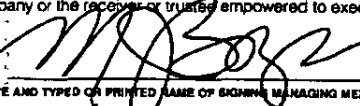


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90060 009 \*\*\*\*50.00

<b>DOCUMENT # L02000025819</b>		
1. Entity Name <b>PARK CENTRAL NORTH, LLC</b>		
Principal Place of Business <b>317 MOORINGLINE DRIVE NAPLES, FL 34102</b>		Mailing Address <b>317 MOORINGLINE DRIVE NAPLES, FL 34102</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GREGORY, C. NEIL TRIANON CENTER, THIRD FLOOR 850 PARK SHORE DRIVE NAPLES, FL 34103</b>		24078626 
		07152004 No Chg-LLC CR2E083 (10/03)
4. FEI Number <b>42-1602184</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
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.		<b>DO NOT WRITE IN THIS SPACE</b>
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by September 8, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOZZO, MICHAEL J SR. 317 MOORINGLINE DRIVE NAPLES, FL 34102	<b>DO NOT WRITE IN THIS SPACE</b>  <i>Paid</i> <i>CIC# 2398</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 		239-262-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #