

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000025819**

1. Entity Name

PARK CENTRAL NORTH, LLC



Principal Place of Business

317 MOORINGLINE DRIVE  
NAPLES, FL 34102

Mailing Address

317 MOORINGLINE DRIVE  
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**



04102006No Chg-LLC

CRZE083 (11/05)

4. FEI Number

42-1602184

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, C. NEIL  
TRIANON CENTER, THIRD FLOOR  
850 PARK SHORE DRIVE  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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 relocating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOZZO, MICHAEL J SR.
STREET ADDRESS	317 MOORINGLINE DRIVE
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000516141  
04/29/06-80238-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*Michael Bozzo Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/13/2006

Date

239-262-2451

Daytime Phone #