


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 27, 2008 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
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DO NOT WRITE IN THIS SPACE



04082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 42-1602184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000952476
06/04/08-80080-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOZZO, MICHAEL J SR. 317 MOORINGLINE DRIVE NAPLES, FL 34102
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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:  4/11/08 239-262-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #