IGNES

11/03

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90077-021-$50.00-$50.00
FILED
03 SEP 18 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90154779

DOCUMENT # L02000025819

1. Entity Name

PARK CENTRAL NORTH, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 317 MOORINGLINE DRIVE | 317 MOORINGLINE DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: NAPLES, FL | City & State: NAPLES, FL |
| Zip: 34102 Country: USA | Zip: 34102 Country: USA |

4. FEI Number: 42-1602184 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C. NEIL GREGORY

Street Address (P.O. Box Number is Not Acceptable): TRIANON CENTRE, THIRD FLOOR

850 PARK SHORE DRIVE,

City: NAPLES FL Zip Code: 34103

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| | | | |
|---|---|---|---|
| TITLE | ~~MEMBER~~ MGRM | TITLE | |
| NAME | MICHAEL J. BOZZO, SR. | NAME | |
| STREET ADDRESS | 317 MOORINGLINE DRIVE | STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES, FL 34102 | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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CR2E083B (12/02)

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: _____ 9/5/03 239-262-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL325196F.1

BATTELLE & BATTELLE LLP 31-0210560
2000 West Dorothy Lane, Dayton, Ohio 454[illegible]