2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L03000010819

Entity Name: PARK CENTRAL, LLC

Current Principal Place of Business:

6120 WINKLER ROAD, STE J
FORT MYERS, FL 33919

New Principal Place of Business:

8255 COLLEGE PARKWAY, SUITE 200
FORT MYERS, FL 33919

Current Mailing Address:

PO BOX 07122
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 16-1668309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JURSINSKI, KEVIN F
7800 UNIVERSITY POINTE DRIVE, STE 200
FORT MYERS, FL 33907 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: MGR ( ) Delete
Name: FREY, MICHAEL
Address: 6120 WINKLER ROAD, STE J
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete
Name: DAITCH, JONATHAN
Address: 6120 WINKLER ROAD, STE J
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FREY, MICHAEL
Address: 8255 COLLEGE PARKWAY, SUITE 200
City-St-Zip: FORT MYERS, FL 33919

Title: MGR (X) Change ( ) Addition
Name: DAITCH, JONATHAN
Address: 8255 COLLEGE PARKWAY, SUITE 200
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL FREY, MD MGR 01/09/2009

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