

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025079

FILED
Apr 29, 2007
Secretary of State

Entity Name: PSL TOWN CENTER GP, LLC

Current Principal Place of Business:

815 COLORADO AVENUE, SUITE 101
PORT ST. LUCIE, FL 34994

New Principal Place of Business:

2100 SE OCEAN BOULEVARD
205
STUART, FL 34996

Current Mailing Address:

815 COLORADO AVENUE, SUITE 101
PORT ST. LUCIE, FL 34994

New Mailing Address:

2100 SE OCEAN BOULEVARD
205
STUART, FL 34996

FEI Number: 14-1890131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, MAX
815 COLORADO AVENUE, SUITE 101
PORT ST. LUCIE, FL 34994 US

Name and Address of New Registered Agent:

SHAPIRO, MAX
2100 SE OCEAN BOULEVARD
205
STUART, FL 34996 US

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: MAX SHAPIRO

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAPIRO, MAX
Address: 815 COLORADO AVENUE, SUITE 101
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAPIRO, MAX
Address: 2100 SE OCEAN BOULEVARD, 205
City-St-Zip: STUART, FL 34996

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: MAX SHAPIRO

MNGR

04/29/2007

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