

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014006

Entity Name: CENPARK, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

9200 SOUTH DADELAND BLVD., SUITE 500
C/O EQUITYLINE FINANCIAL GROUP, INC.
MIAMI, FL 33156

New Principal Place of Business:

7300 N. KENDALL DRIVE SUITE 519
C/O EQUITYLINE FINANCIAL GROUP, INC.
MIAMI, FL 33156

Current Mailing Address:

C/O CRES MANAGEMENT
2300 MAIN SUITE 910
KANSAS CITY, MO 64108

New Mailing Address:

FEI Number: 20-0786702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIELMAN, ROBERT E
9200 SOUTH DADELAND BLVD., SUITE 500
C/O EQUITYLINE FINANCIAL GROUP, INC.
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SPIELMAN, ROBERT E
7300 N. KENDALL DRIVE SUITE 519
C/O EQUITYLINE FINANCIAL GROUP, INC.
MIAMI, FL 33156 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:

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPIELMAN, ROBERT E
Address: 9200 SOUTH DADELAND BLVD., SUITE 500
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPIELMAN, ROBERT E
Address: 7300 N. KENDALL DRIVE SUITE 519
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E. SPIELMAN

MGR

04/24/2006

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