## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 23, 2006 8:00 am Secretary of State

DOCU  1. Entity Nam  CENTRA  Principal Plac			02-09-2006					
15 ROYAL PA VERO BEACH	ALM POINTE 1, FL 32960	Mailing Address 15 ROYAL PALM POINTE VERO BEACH, PL 32960				8 MIN 100 (TO 100 100 10		
2. Principal F 1575 Sulte, Apt.	Asce of Business 16 TH AVE  1, etc.	3. Meeting Address 10 TH A VE Suite, Apt. #, etc.			01232006 Chg-LLC CR2E083 (11/05)			
City & State	BEACH FL	VERO BEACH FL			4. FE Numb	1519236		Applied For Not Applicable
3296		32960			8. Certificate of Status Desired 55.00 Additional Fee Required			
<del> </del>	6. Hame and Address of Current		7. Name and Address of New Registered Agent Name					
1075 16TH	LDINGS, LLC 1 AVENUE ACH, FL 32960	Street Address		(P.O. Box Numb	per is Not Acceptable)			
VEROBE								
				City			FL Zp	
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  Signature, types or private name of registered agent and little 4 applicable. (NOTE: Registered Agent algorithm required when reinstating)  DATE  FILLing Fee to \$50.00								
	ue by May 1, 2006						epertment of S	tate
FITLE	MANAGING MEMBE	RS/MANAGERS Delete	10.	: -		ADDITIONS/CH	Chan	ps Addition
NAME STREET ADDRESS CITY-ST-ZIP	1075 16TH AVENUE ST			E ET ADORESS -ST-29P				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delets			·- I			☐ Chan	P Addition
TITLE  HOME  STREET ADDRESS  GITY-ST-ZIP		□ Deletin ·					Chang	Addition .
TITLE  NUME  STREET ADORESS  CITY-ST-ZIP		O Deleto				,	Chang	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET		·		☐ Chang	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZP		□ Debato	CITY-	T ADDRESS ST-ZP			☐ Chang	
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 cett; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: //// / / / / / / / / / / / / / / / /								

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

CENTRAL PARK CORPORATE, LLC 1075 16TH AVE VERO BEACH, FL 32960

Subject: CENTRAL PARK CORPORATE, LLC

Reference Number:

L05000004908

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION