


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90036 012 ***138.75

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|---|---|--|--|---|--|
| DOCUMENT # L05000019807 | | | |  | |
| 1. Entity Name CENTRAL PARK PROPERTIES, LLC | | | | | |
| Principal Place of Business 872 COLORADO AVE STUART, FL 34994 | | | Mailing Address 872 COLORADO AVE STUART, FL 34994 | | |
| 2. Principal Place of Business - No P.O. Box # 759 S. FEDERAL HIGHWAY | | 3. Mailing Address 759 S. FEDERAL HIGHWAY | | | |
| Suite, Apt. #, etc. SUITE 321 | | Suite, Apt. #, etc. SUITE 321 | | | |
| City & State STUART, FL | | City & State STUART, FL | | 03112008 Chg-LLC CR2E083 (12/06) | |
| Zip 34994 Country USA | | Zip 34994 Country USA | | 4. FEI Number 13-4294568 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GIUNTA, DAVID R 872 COLORADO AVE STUART, FL 34994 | | | Name Street Address (P.O. Box Number is Not Acceptable) 759 S. FEDERAL HIGHWAY, SUITE 321 City STUART FL Zip Code 34994 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PROSPERITY DEVELOPMENT GROUP, INC. 872 COLORADO AVE STUART FL 34994 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 759 S. FEDERAL HIGHWAY, SUITE 321 STUART, FL 34994 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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: <i>David R. Giunta</i> | | | 4/25/08 772-528-2693 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |