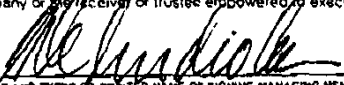


NOV-30-2006 10:03

LEVY KNEEN MARIANI

1561 478 1784 P.02/02

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000035775			
1. Entity Name PSL CITY CENTER, LLC			
Principal Place of Business 1153 TOWN CENTER DRIVE SUITE 202 JUPITER, FL 33458 US		Mailing Address 1153 TOWN CENTER DRIVE SUITE 202 JUPITER, FL 33458 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2664820		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE GUARDIOLA, GEORGE 1153 TOWN CENTER DRIVE SUITE 202 JUPITER, FL 33458		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE GUARDIOLA, GEORGE 1153 TOWN CENTER DRIVE JUPITER, FL 33458 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Doble de PSL, LLC 1153 Town Center Drive Jupiter, FL 33458 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE GUARDIOLA, EDUARD 1360 PEACHTREE ST. NE, SUITE 1000 ATLANTA, GA 33459 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TFL, LLC 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081912427 11/17/06 01060 007 \$50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		George deGuardiola Authorized Representative 10/9/06 561 691 5858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10062006 Chg-LLC CR2E083 (11/05)

FL

Zip Code

700081912427

11/17/06 01060 007
\$50.00