2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000035775

1. Entity Name
PSL CITY CENTER, LLC

FILED
06 NOV 17 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1153 TOWN CENTER DRIVE SUITE 202 JUPITER, FL 33458 US	1153 TOWN CENTER DRIVE SUITE 202 JUPITER, FL 33458 US

10062006 Chg-LLC CR2E083 (11/05)

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 reinstating)

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	70008912427	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	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: [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 — Daytime Phone #