

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078010

Entity Name: PARK CENTER, L.L.C.

**FILED**  
**Jan 22, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

11414 INNFIELDS DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

13964 W. HILLSBOROUGH AVE  
TAMPA, FL 33635

**Current Mailing Address:**

11414 INNFIELDS DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

13964 W. HISSBOROUGH AVE  
TAMPA, FL 33635

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

FARHADI, MATT M  
13964 W. HILLSBOROUGH AVE  
TAMPA, FL 33635 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: MATT FARHADI

01/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FARHADI, MATT M  
Address: 13964 W. HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33635 US

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: MATT FARHADI

MGR

01/22/2006

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