

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086302

**FILED  
Apr 29, 2006  
Secretary of State**

**Entity Name:** PSL TOWN CENTER 2005-NORTH, LLC

**Current Principal Place of Business:**

815 COLORADO AVENUE, SUITE 101  
PORT ST. LUCIE, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

815 COLORADO AVENUE, SUITE 101  
PORT ST. LUCIE, FL 34994

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SHAPIRO, MAX  
815 COLORADO AVENUE, SUITE 101  
PORT ST. LUCIE, FL 34994    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      SHAPIRO, MAX  
Address:                      815 COLORADO AVENUE #101  
City-St-Zip:                      STUART, FL 34994

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: MAX SHAPITO

MGR

04/29/2006

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