2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L05000086302

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 (X)**

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: MAX SHAPIRO

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 SHAPIRO MGR 03/13/2008

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