

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086624

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996

**New Principal Place of Business:**

2055 S. KANNER HIGHWAY  
STUART, FL 34994

**Current Mailing Address:**

PO BOX 3059  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SHAPIRO, MAX  
2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996 US

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

SHAPIRO, MAX  
2055 S. KANNER HIGHWAY  
STUART, FL 34994 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:

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MNGR  
Name: SHAPIRO, MAX  
Address: 2055 S. KANNER HIGHWAY  
City-St-Zip: STUART, FL 34994 US

I hereby 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

MGRM

04/18/2011

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