

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90176 044 \*\*\*\*55.00

**DOCUMENT # L05000095635**

1. Entity Name

PARK CENTER MAITLAND, LLC



Principal Place of Business

2701 MAITLAND CENTER PKWY  
STE 225  
MAITLAND, FL 32751

Mailing Address

2701 MAITLAND CENTER PKWY  
STE 225  
MAITLAND, FL 32751

**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

02-0752696

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

STEIN, CLIFFORD L  
2701 MAITLAND CENTER PKWY STE 225  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME STEIN, CLIFFORD L  
STREET ADDRESS 2701 MAITLAND CENTER PKWY STE 225  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE MGRM  
NAME BERMAN, REID S  
STREET ADDRESS 2701 MAITLAND CENTER PKWY STE 225  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 file this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-27-07

659-0120