


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90150 045 ****50.00

DOCUMENT # L06000026002 1. Entity Name MAINLAND CENTRAL, LLC	
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60004580



Principal Place of Business 3001 OCEAN DRIVE SUITE 202 VERO BEACH, FL 32963		Mailing Address 3001 OCEAN DRIVE SUITE 202 VERO BEACH, FL 32963	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4492908		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEWART, WILLIAM J ESQ. 3355 OCEAN DRIVE VERO BEACH, FL 32963		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

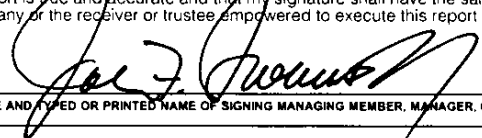
**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P&S VIII, L.L.C.			NAME			
STREET ADDRESS	3001 OCEAN DRIVE, SUITE 202			STREET ADDRESS			
CITY - ST - ZIP	VERO BEACH, FL 32963			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANSON, JOHN F			NAME			
STREET ADDRESS	3001 OCEAN DRIVE, SUITE 202			STREET ADDRESS			
CITY - ST - ZIP	VERO BEACH, FL 32963			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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

SIGNATURE:



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

1-5-07

Date

772.234.2899

Daytime Phone #