



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90188 038 \*\*\*\*\*50.00

<b>DOCUMENT # L94000000449</b> 1. Entity Name <b>PARK CENTRAL COMMUNICATIONS, L.L.C.</b>					
Principal Place of Business <b>5145 CITY STREET ORLANDO, FL 32839</b>			Mailing Address <b>5145 CITY STREET ORLANDO, FL 32839</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>319 N MAGNOLIA AVE</b>		  04122004 Chg-LLC CR2E083 (10/03)	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>			
Zip <b>32801</b>		Zip <b>32801</b>			
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>59-3277193</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SLATER, JOEL K 5145 CITY STREET ORLANDO, FL 32839</b>			7. Name and Address of New Registered Agent Name <b>JEANNIE L. SKELLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>319 N MAGNOLIA AVE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32801</b>		
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 <i>Jeannie L. Skelley</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARK CENTRAL PROPERTIES, LTD. 5009 PARK CENTRAL DR ORLANDO, FL 32839	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SLATER, JOEL K 5145 CITY STREET ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SKELLEY, JEANNIE L 5145 CITY STREET ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Joel K Slater</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/15/04</b> Daytime Phone # <b>907-902-2502</b>		