2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000000351

1. Entity Name

PARK CENTRAL FOUR LLC

FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414

Mailing Address 12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414



04182007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-0666009 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DATE

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE

	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. the obligations of registered agent.	I am familiar with, and accept
SI	GNATURE	

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK CENTRAL HOLDINGS LLC 12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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 provided the information contained in 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 provided 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 provided 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 provided the information indicated and in the information indicated on the informati

SIGNATURE:

Thomas J Keady

41 26/07

561-333-3669