

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003714

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** TIC PARK CENTRE 21, LLC

**Current Principal Place of Business:**

1601 BELVEDERE ROAD, #200E  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

900-1000 PARK CENTRE BLVD.  
MIAMI, FL 33169

**Current Mailing Address:**

1601 BELVEDERE ROAD, #200E  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

9988 ALMOND ST.  
ALTA LOMA, CA 91737

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WOJNAR, MARK J  
1601 BELVEDERE ROAD, #200E  
WEST PALM BEACH, FL 33406 US

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

WILLIAMS, GARY P  
900-1000 PARK CENTRE BLVD.  
MIAMI, FL 33169 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: GARY P. WILLIAMS

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, GARY P TRUSTEE  
Address: 9988 ALMOND STREET  
City-St-Zip: ALTA LOMA, CA 91737

Title: MGRM  
Name: WILLIAMS, LORI I TRUSTEE  
Address: 9988 ALMOND STREET  
City-St-Zip: ALTA LOMA, CA 91737

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: GARY P. WILLIAMS, TRUSTEE

MGRM

05/01/2011

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