

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90056 016 ****50.00

DOCUMENT # M97000000835

1. Entity Name
BROOKWOOD PARK CENTRE CO., L.L.C.



Principal Place of Business
**50 DUNHAM RD.
BEVERLY, MA 01915**

Mailing Address
**50 DUNHAM RD.
BEVERLY, MA 01915**

60043961



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3399708

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 | TRKLA, THOMAS N |
| STREET ADDRESS | 50 DUNHAM RD |
| CITY-ST-ZIP | BEVERLY, MA 01915 |
| TITLE | MGRM |
| NAME | BROWN, THOMAS W |
| STREET ADDRESS | 50 DUNHAM RD |
| CITY-ST-ZIP | BEVERLY, MA 01915 |
| TITLE | MGRM |
| NAME | MAEL, JOEL A |
| STREET ADDRESS | 1350 AVENUE OF AMERICAS STE 1910 |
| CITY-ST-ZIP | NEW YORK, NY 10019 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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 execute 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 #

Chm. G. M.
4/25/07

978-927-8300