
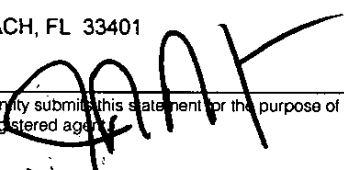
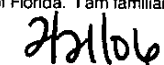
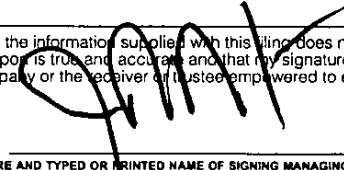


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90017 049 ****50.00

DOCUMENT # L01000003091					
1. Entity Name CENTRECORP REALTY SERVICES, LLC					
Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02212006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 65-1081334	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
WIENER, DAVID J ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401 SIGNATURE: 				7. Name and Address of New Registered Agent	
				Name John W.S. Preston	
				Street Address (P.O. Box Numbers Not Acceptable) one N. Clematis Street Suite 305	
				City West Palm Beach FL 33401	
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: 				DATE: 2/11/06	
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, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESTON, JOHN W		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS STREET STE 305		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOSOY, DAVID		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS STREET STE 305		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, TOM		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS STREET STE 305		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOSOY, BRIAN		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS STREET STE 305		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, ROBERT S		NAME		
STREET ADDRESS	2851 JOHN STREET SUITE ONE		STREET ADDRESS		
CITY-ST-ZIP	MARKHAM ONT, CN 13r 5r7		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: 				Date: 2/11/06 Daytime Phone #: 561-835-1810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	