

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003091

FILED  
May 01, 2007  
Secretary of State

Entity Name: CENTRECORP REALTY SERVICES, LLC

**Current Principal Place of Business:**

ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 65-1081334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PRESTON, JOHN W.S.  
ONE NORTH CLEMATIS STREET  
STE 305  
WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: PRESTON, JOHN W  
Address: ONE NORTH CLEMATIS STREET STE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: KOSOY, DAVID  
Address: ONE NORTH CLEMATIS STREET STE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: HAMILTON, TOM  
Address: ONE NORTH CLEMATIS STREET STE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: KOSOY, BRIAN  
Address: ONE NORTH CLEMATIS STREET STE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: GREEN, ROBERT S  
Address: 2851 JOHN STREET SUITE ONE  
City-St-Zip: MARKHAM ONT, CN L3R 5R7

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN W PRESTON

MGRM

05/01/2007

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