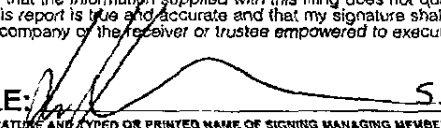


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017293			
1. Entity Name CENTRAL FLORIDA SUITES, LLC			
Principal Place of Business 1202 AVENIDA CENTRAL NORTH LADY LAKE, FL 32159 US		Mailing Address C/O E. HOLLANDER, CPA 29226 ORCHARD LAKE SUITE 150 FARMINGTON, MI 48334 US	
DO NOT WRITE IN THIS SPACE			
		03222006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 55-0831696	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUCAT, DARRELL 1205 AVENIDA CENTRAL NORTH LADY LAKE, FL 32159		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DUCAT, DARRELL 1205 AVENIDA CENTRAL NORTH LADY LAKE, FL 32159		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DUCAT, LARRY 5030 JACKMAN TOLEDO, OH 43613		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS 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:  S. Hollander, Accountant		3/22/06 248/932-1090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Day/Date Phone #	