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	Mailing Address
1202 AVENIDA CENTRAL NORTH LADY LAKE, FL 32159 US	C/O E. HOLLANDER, CPA 29226 ORCHARD LAKE SUITE 150 FARMINGTON, MI 48334 US

DO NOT WRITE IN THIS SPACE

03222006 No 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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DUCAT, DARRELL
STREET ADDRESS	1205 AVENIDA CENTRAL NORTH
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	MGR
NAME	DUCAT, LARRY
STREET ADDRESS	5030 JACKMAN
CITY-ST-ZIP	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	

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04/11/06-80057-020 50.00

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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 — Daytime Phone #