


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000075182**  
 1. Entity Name  
 CEN CONSTRUCTION & DEVELOPMENT, LLC



Principal Place of Business 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431	Mailing Address 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2483848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCIANI, DORIAN  
 3200 N FEDERAL HWY  
 #121  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIANI, JOHN W III 3200 N. FEDERAL HWY #121 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIANI, DORIAN E 3200 N. FEDERAL HWY #121 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/11/08-80048-021-138.75

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: *John W. Luciani III* 1/8/08 (561) 544-8801  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
*MANAGING member*