



2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90015 006 ****55.00

DOCUMENT # L05000022604					
1. Entity Name CENTERVILLE ROAD PROPERTY, L.L.C.					
Principal Place of Business 2323 CENTERVILLE ROAD TALLAHASSEE, FL 32308			Mailing Address P.O. BOX 12006 TALLAHASSEE, FL 32317		
2. Principal Place of Business 1927 Mallory Square Suite, Apt. #, etc.		3. Mailing Address 1927 Mallory Square Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip: 32308 Country: US		City & State Tallahassee, FL Zip: 32308 Country: US		04242006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 267-70-0092				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, STUART ESQ. 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORDELL, JOE W JR. P.O. BOX 12006 TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1927 Mallory Square Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					