

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

07 APR 27 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01252007 No Chg-LLC CR2E083 (11/05)

**DOCUMENT # L05000050007**  
1. Entity Name  
1968 CENTURION, LLC



Principal Place of Business: POST OFFICE BOX 2535, TALLAHASSEE, FL 32316-2535  
Mailing Address: POST OFFICE BOX 2535, TALLAHASSEE, FL 32316-2535

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3241937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LEONI, STEVEN M  
2020 W. PENSACOLA ST., STE. 27  
TALLAHASSEE, FL 32304

**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: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RK DEVELOPMENT OF TALLAHASSEE, INC. 3823 EAST MILLERS BRIDGE RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN M 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESCOBAR, JAVIER 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, JOSEPH P 215 SOUTH MONROE ST SUITE 400 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, PETER S PO BOX 2535 TALLAHASSEE, FL 323162535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAULS, JAMES S PO BOX 2535 TALLAHASSEE, FL 323162535

BK

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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] Date: 4/16/07 Daytime Phone #: 850-580-3131