

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004194

Entity Name: FIRST CENTRUM, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

21400 RIDGETOP CIRCLE
SUITE 250
STERLING, VA 20166

New Principal Place of Business:

Current Mailing Address:

21400 RIDGETOP CIRCLE
SUITE 250
STERLING, VA 20166

New Mailing Address:

FEI Number: 54-1791190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FIRST CENTRUM OF VIR, GINIA INC.
Address: 21400 RIDGETOP CIRCLE
City-St-Zip: STERLING, VA 20166

Title: MEMB () Delete
Name: RUNQUIST, THOMAS R
Address: 21400 RIDGETOP CIRCLE, SUITE 250
City-St-Zip: STERLING, VA 20166

Title: MEMB () Delete
Name: WESHINSKEY, MARK L
Address: 21400 RIDGETOP CIRCLE, SUITE 250
City-St-Zip: STERLING, VA 20166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK L WESHINSKEY MEMB 01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date