

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90122 037 ****55.00

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1. Entity Name
CENTER CONTRACTING COMPANY OF CENTRAL
FLORIDA, LLC

Principal Place of Business

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

Mailing Address

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

60031814



01262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0043976

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
1500 MIAMI CENTER (JGH)
MIAMI, FL 33131

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	DVP
NAME	MCDANIEL, DAVID G
STREET ADDRESS	203 VISTA OAKS DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVP
NAME	OGLER, GERALD D
STREET ADDRESS	216 NOB HILL CIR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVTS
NAME	SCHAFER, JOHN A
STREET ADDRESS	4198 WINDING PINE TRL 4019 Bermuda Shore Place
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVP
NAME	Ogier, Mark C
STREET ADDRESS	616 Grand Cypress Point
CITY-ST-ZIP	Sanford, FL 32771
TITLE	DVP
NAME	Ogier, Steven D
STREET ADDRESS	801 Edge Forest Terr
CITY-ST-ZIP	Sanford, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/6/07

Date

(407) 333-0066

Daytime Phone #