

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002358

Entity Name: CENTRAL FLORIDA FORMATIONS GROUP, L.L.C.**Current Principal Place of Business:**111 N. ORANGE AVE. SUITE 900
ORLANDO, FL 32801**Current Mailing Address:**111 N. ORANGE AVE. SUITE 900
ORLANDO, FL 32801 US**FEI Number:** 20-0894928**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORAN, BRIAN JESQ.
111 N. ORANGE AVE. SUITE 900
ORLANDO, FL 32801 US*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

Authorized Person(s) Detail :

| | |
|-----------------|------------------------------|
| Title | MGR |
| Name | MORAN, BRIAN J |
| Address | 111 N. ORANGE AVE. SUITE 900 |
| City-State-Zip: | ORLANDO FL 32801 |

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|-----------------|------------------------------|
| Title | MGR |
| Name | MORAN, THOMAS P |
| Address | 111 N. ORANGE AVE. SUITE 900 |
| City-State-Zip: | ORLANDO FL 32801 |

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|-----------------|------------------------------|
| Title | MGR |
| Name | KIDD, JAMES F |
| Address | 111 N. ORANGE AVE. SUITE 900 |
| City-State-Zip: | ORLANDO FL 32801 |

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|-----------------|------------------------------|
| Title | MGR |
| Name | BERKSON, GARY M |
| Address | 111 N. ORANGE AVE. SUITE 900 |
| City-State-Zip: | ORLANDO FL 32801 |

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|-----------------|-----------------------------|
| Title | MGR |
| Name | JOHNSON, SCOTT E |
| Address | 111 N ORANGE AVE. SUITE 900 |
| City-State-Zip: | ORLANDO FL 32801 |

| | |
|-----------------|-----------------------------|
| Title | MGR |
| Name | LYONS, CLINTON CJR |
| Address | 111 N ORANGE AVE. SUITE 900 |
| City-State-Zip: | ORLANDO FL 32801 |

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P. MORAN**MANAGER****04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date