

FILED

2007 MAR 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #A25708

1. Entity Name
CENTER FAMILY, LIMITED



Principal Place of Business
557 BAYVIEW DR.
BELLEAIR, FL 33756

Mailing Address
557 BAYVIEW DR.
BELLEAIR, FL 33756

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

CENTER, JERRY H
557 BAYVIEW DR.
BELLEAIR, FL 33756

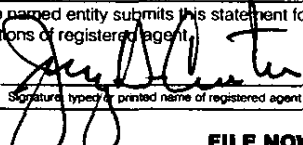
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip 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

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

JERRY H. CENTER
1/12/07
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CENTER, JERRY H
220 SARASOTA RD.
BELLEAIR, FL 34616

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CENTER, JAMES H
220 SARASOTA RD.
BELLEAIR, FL 34616

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

557 Bayview Dr.
BELLEAIR, FL 33756

STREET ADDRESS
CITY-ST-ZIP

557 Bayview Dr.
BELLEAIR, FL 33756

STREET ADDRESS
CITY-ST-ZIP

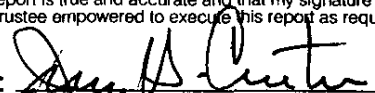
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

600095215546
03/29/07--01017--005 **500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  JERRY H. CENTER
Signature typed or printed name of signing general partner

1/12/07
Date

737-587-6902
Daytime Phone #