

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90141 020 ****50.00

DOCUMENT # L00000001602

1. Entity Name
CENTRAL FLORIDA LODGING LLC



Principal Place of Business

**1201 AVENDA CT.
LADY LAKE, FL 32159**

Mailing Address

**2930 NAVARRE AVENUE
OREGON, OH 43616**

24064009



04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number
34-1915876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUGH, JESSE
428 CARRERA DRIVE
LADY LAKE, FL 32159**

Name **Darrell Ducat**
Street Address (P.O. Box Number is Not Acceptable)
2918 Larranaga Drive
City **The Villages FL** Zip Code **32162**

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 **Darrell Ducat**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

**Filing Fee Is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **DUCAT, DARRELL**
STREET ADDRESS **~~26020 W. RIVER RD.~~**
CITY-ST-ZIP **~~PERRYSBURG, OH 43551~~**

TITLE ☒ Change ☐ Addition
NAME **2918 Larranaga Drive**
STREET ADDRESS **The Villages, FL 32162**
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **ECKERT, RUDOLF III**
STREET ADDRESS **2930 NAVARRE**
CITY-ST-ZIP **OREGON, OH 43616**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **DUCAT, LARRY**
STREET ADDRESS **~~5035 LARKHAVEN~~**
CITY-ST-ZIP **TOLEDO, OH**

TITLE ☒ Change ☐ Addition
NAME **5030 Jackman**
STREET ADDRESS **Toledo, OH 43613**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **DUROCHER, DONALD**
STREET ADDRESS **222 S. MONROE ST.**
CITY-ST-ZIP **MONROE, MI 48161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Larry Ducat**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/04

DATE

352/750-3888

DAYTIME PHONE #