

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90105 026 ****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

2. Principal Place of Business

1205 Avenida Ctrl.

3. Mailing Address

410 E. Hollander, CPA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29226 Orchard Lake #150

City & State

Lady Lake, FL

City & State

Farmington Hills, MI

Zip

32159

Country

LAKE

Zip

48334

Country

Oakland

03292005

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

DUCAT, DARRELL
2918 LARRANAGA DRIVE
LADY LAKE, FL 32162

7. Name and Address of New Registered Agent

Name

Ducat, Darrell

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

1205 Avenida Ctrl.

Lady Lake,

City

FL

Zip Code

32159

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

4/26/05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DUCAT, DARRELL
STREET ADDRESS 2918 LARRANAGA DRIVE
CITY-ST-ZIP LADY LAKE, FL 32162 ☐ Delete

TITLE MGR
NAME DUCAT, LARRY
STREET ADDRESS 5030 JACKMAN
CITY-ST-ZIP TOLEDO, OH 43613 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1205 Avenida Ctrl.
CITY-ST-ZIP Lady Lake, FL 32159 ☒ Change ☐ Addition

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

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

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

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

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

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:

Darrell Ducat

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

4/26/05

Date

Daytime Phone #

352/750-3888