

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001602

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA LODGING LLC

Current Principal Place of Business:

1205 AVENIDA CTRL
LADY LAKE, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

C/O E. HOLLANDER, CPA
29226 ORCHARD LAKE SUITE 150
FARMINGTON, MI 48334 US

New Mailing Address:

C/O E. HOLLANDER, CPA
5600 W MAPLE RD #C309
WEST BLOOMFIELD, MI 48322 US

FEI Number: 34-1915876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCAT, DARRELL
1205 AVENIDA CTRL.
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUCAT, DARRELL
Address: 1205 AVENIDA CTRL.
City-St-Zip: LADY LAKE, FL 32159

Title: MGR () Delete
Name: DUCAT, LARRY
Address: 5030 JACKMAN
City-St-Zip: TOLEDO, OH 43613

Title: MGR () Delete
Name: DUROCHER, DONALD
Address: 222 S. MONROE ST.
City-St-Zip: MONROE, MI 48161

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SUSAN HOLLANDER

ACCT

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date