

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004100

1. Entity Name
CENTRAL FLORIDA DEVELOPMENT PARTNERS, LC



Principal Place of Business
**235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND, FL 32751**

Mailing Address
**235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND, FL 32751**



05112004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, BERRY J JR.
235 MAITLAND AVENUE SOUTH, SUITE 216
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when re-filing)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CALLAHAN, JOHN T III
STREET ADDRESS	80 FIRST ST.
CITY-ST-ZIP	BRIDGEWATER, MA 02324

TITLE	MGR
NAME	WALKER, BERRY J JR.
STREET ADDRESS	235 S. MAITLAND AVE., STE. 216
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #