2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of Stat		
DOCUMENT # L00000015512					Secre	tary of Stat
1. Enlity Nam CENTRAI	L FLORIDA GOLF PROPER					
Principal Place 1411 EDGEN ORLANDO, FI	VATER DR.	Mailing Address 1411 EDGEWATER DR. ORLANDO, FL 32804		} } 2	17 112 31 111 33111 1432	n diner akker nada kener ak adar
DO NOT WRITE IN THIS SPA			CE	04182005 No Chg-LLC 4. FEI Number 59-3704424 5. Certificate of Status De	C CR2	E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current i	Registered Agent		and the second		
HEWITT, ROBERT W 1411 EDGEWATER DR. ORLANDO, FL 32804				DO NOT	SPAC	
	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or both, in the Sta	te of Florida. I a	m familiar with, and accept
	ions of registered agent.		i.			
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE, Register)	ed Agent signature required	when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2005				į	Į	
9.	MANAGING MEMBE	RS/MANAGERS		gramma ways a gramma to the second of the se	*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWITT, ROBERT W 1411 EDGEWATER DR. ORLANDO, FL 32804					- ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Reserve State	04/2 <u>!</u>	0000 03 294 5/05-8011	178 17-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRIT	Έ
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u></u>	
TITLE NAME STREET ADDRESS						

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 flability 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 HANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/22/05 407-88-7570

Daytims Phone #