

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000170

Entity Name: CENTER ROAD, L.L.C.

FILED  
Apr 08, 2008  
Secretary of State

**Current Principal Place of Business:**

7090 FRUITVILLE ROAD  
SARASOTA, FL 34230

**New Principal Place of Business:**

**Current Mailing Address:**

7090 FRUITVILLE ROAD  
SARASOTA, FL 34230

**New Mailing Address:**

FEI Number: 65-1067222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VAN WINKLE, MARY E  
2815 PROCTOR RD  
SARASOTA, FL 34231 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: STRAUSS, ROBERT  
Address: 3350 RIDGEVIEW DR  
City-St-Zip: SARASOTA, FL 34235

Title: MGR ( ) Delete  
Name: CLAXTON, E. RAY  
Address: 7090 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34230

**ADDITIONS/CHANGES:**

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: E. RAY CLAXTON

MGR

04/08/2008

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