

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000170

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

FILED  
May 01, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

VAN WINKLE, MARY E  
3859 BEE RIDGE RD  
202  
SARASOTA, FL 34233 US

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

05/01/2009

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

05/01/2009

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