20	ANNUAL		N Y	-		
1. Entity Name	MENT # L01000001 <sup>*</sup> CENTRE, LLC	797		FileD Feb 26, 2007 ( Secretary o	08:00 AM	
Principal Place of Business  303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 32459  Mailing Address P.O. BOX 2115 SANTA ROSA BEACH, FL 32459			-			
D	O NOT WRITE		CE	01052007 No Chg-LLC  4. FEI Number 59-3716699  5. Certificate of Status Desired	CR2E083 (11/05)  Applied Fo Not Applica  \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BRIEN, EDWARD JOHN JR. 303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 32459			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for ions of registered agent.  Signature, typod or printed name of registered agent a		ed office or register	· · · · · · · · · · · · · · · · · · ·	rida. I am familiar with, and acc	
Fi Do	ling Fee is \$50.00 ue by May 1, 2007				,	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGRM O'BRIEN, EDWARD JOHN JR. 303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 33	<u>-</u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, ELIZABETH R 303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 3	2459		######################################		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W		
TITLE NAME				IN THIS SF	ACE	

SIGNATURE: SAN LOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Edward Ions O bren Ir

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<sup>11.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.