

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003091

1. Entity Name
CENTRECORP REALTY SERVICES, LLC



Principal Place of Business
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

Mailing Address
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



02042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1081334

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J
ONE NORTH CLEMATIS STREET
STE 305
WEST PALM BEACH, FL 33401

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

800032965248
04/16/04--01048--009 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PRESTON, JOHN W
STREET ADDRESS ONE NORTH CLEMATIS STREET STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGRM
NAME KOSOY, DAVID
STREET ADDRESS ONE NORTH CLEMATIS STREET STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGRM
NAME HAMILTON, TOM
STREET ADDRESS ONE NORTH CLEMATIS STREET STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGRM
NAME KOSOY, BRIAN
STREET ADDRESS ONE NORTH CLEMATIS STREET STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGRM
NAME GREEN, ROBERT S
STREET ADDRESS 2851 JOHN STREET SUITE ONE
CITY-ST-ZIP MARKHAM ONT, CN I3r 5r7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2/23/04

Date

561-835-1810

Daytime Phone #