
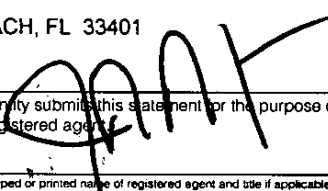
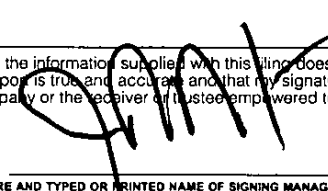


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90017 049 ****50.00

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1081334				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name John W.S. Preston Street Address (P.O. Box Numbers Not Acceptable) one N. Clematis Street Suite 305 City West Palm Beach FL 33401		
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  <div style="float: right; text-align: right;"> 2/11/06 <small>DATE</small> </div>					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGRM PRESTON, JOHN W ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGRM KOSOY, DAVID ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGRM HAMILTON, TOM ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGRM KOSOY, BRIAN ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGRM GREEN, ROBERT S 2851 JOHN STREET SUITE ONE MARKHAM ONT, CN 13r 5r7	<input type="checkbox"/> Delete			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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.					
SIGNATURE:  <div style="float: right; text-align: right;"> 2/11/06 561-835-1810 <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					