

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019678

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CENTURY TB, LLC

## Current Principal Place of Business:

3300 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431

## Current Mailing Address:

3300 UNIVERSITY DRIVE  
STE 001  
CORAL SPRINGS, FL 33065

## New Mailing Address:

1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431

FEI Number: 65-1157104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIFIORE, CORA  
3300 UNIVERSITY DR  
POMPANO BEACH, FL 33065 US

## Name and Address of New Registered Agent:

DIFIORE, CORA  
1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431 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:

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: FALCONE, ROBERT  
Address: 3300 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: EISNER, NEIL  
Address: 3300 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 3300 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: FALCONE, EDWARD  
Address: 3300 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FALCONE, ROBERT  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: FALCONE, ARTHUR  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Change ( ) Addition  
Name: FALCONE, EDWARD  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR FALCONE

MGRM

04/29/2005

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