



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000019678</b>		
1. Entity Name CENTURY TB, LLC		
Principal Place of Business 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431		Mailing Address 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431
<b>DO NOT WRITE IN THIS SPACE</b>		
		02282006 No Chg-LLC CR2ED83 (11/05)
4. FEI Number 65-1157104		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  DIFIORE, CORA 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	FALCONE, ROBERT	
STREET ADDRESS	1951 NW 19TH STREET	
CITY- ST- ZIP	BOCA RATON, FL 33431	
TITLE	MGRM	
NAME	EISNER, NEIL	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY- ST- ZIP	CORAL SPRINGS, FL 33065	
TITLE	MGRM	
NAME	FALCONE, ARTHUR	
STREET ADDRESS	1951 NW 19TH STREET	
CITY- ST- ZIP	BOCA RATON, FL 33431	
TITLE	MGRM	
NAME	FALCONE, EDWARD	
STREET ADDRESS	1951 NW 19TH STREET	
CITY- ST- ZIP	BOCA RATON, FL 33431	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		3/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #