

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010077

1. Entity Name
AMERICAN PROVISIONS OF CENTRAL FLORIDA, L.L.C.



Principal Place of Business
420 LONE PALM DRIVE
LAKELAND, FL 33815

Mailing Address
420 LONE PALM DRIVE
LAKELAND, FL 33815



08102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0097530

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOTEN, LAWRENCE V JR.
420 LONE PALM DRIVE
LAKELAND, FL 33815

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WOOTEN, LAWRENCE V JR.
420 LONE PALM DRIVE
LAKELAND, FL 33815

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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08/29/05-R0006-022 55.00

**DO NOT WRITE
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)(f), 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

8-24-05

Date

863-602-3732

Daytime Phone #