2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

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DOCUI 1. Entity Nam CENTERI				04-23-2004	4 90013 0	31 ****5	0.00		
Principal Place of Business Mailing Address							•	1051	981
12534 WILES RD. CORAL SPRINGS, FL 33076		12534 WILES RD. CORAL SPRINGS, FL 33076			24051981				
2. Principal Place of Business 825 Coral Ridge Drive		3. Mailing Address 825 Coral Ridge Drive							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012004	Chg-LLC	CR2E0	83 (10/03)	
City & State Con of Sommer +1		Coral Sorues Il			4. FEI Numbe 04-3705			<u> </u>	plied For at Applicable
Zip 33071	Country	Zip 33071	Country			of Status Desired		\$5.00 Add	litional
	6. Name and Address of Current R				7. Name and	Address of New	Registered /	Agent	
KIDNIO TO	COULD LIDDRAAN 6 MALINGIO	. D. A	Name						
100 N.E. T	SCHER LIPPMAN & VALINSK` HIRD AVE., STE. 610 RDALE, FL 33301	v, P.A.	Street Address (P.O. Box Number is Not Acceptable)						
	,								
			City				FL	Zip Code	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office o	r register	ed agent, or both	n, in the State of F		<u> </u>	and accept
· SIGNATURE .									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	egistered Agent signat	ure required	when reinstating)		DATE		
Fi	Signeture, typed or printed name of registered agent and ling Fee is \$50.00 ue by May 1, 2004	nd title if applicable. (NOTE: R	egistered Agent signal	ure required	when reinstating)		ke check p	ayable to ent of State	
Fi	ling Fee is \$50.00		egistered Agent signat		when reinstating)	Florid	ke check p	ent of State	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fi Dı	ling Fee is \$50.00 ue by May 1, 2004			<i>PS</i>	when reinstating) 25 Coral Ridge oral Springs, F	ADDITIONS Drive	ke check p la Departm	ent of State	B Addition
9. TITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBER PST PERRY, CRAIG 12534 WILES RD.	RS/MANAGERS	10. Title Name Street address	<i>PS</i>	25 Coral Ridge	ADDITIONS Drive	ke check p la Departm	ent of State	
P. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER PST PERRY, CRAIG 12534 WILES RD. CORAL SPRINGS, FL 33076 V MARGOLIS, STEPHEN	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	<i>PS</i>	25 Coral Ridge oral Springs, F	ADDITIONS Drive 1. 33071	ke check p la Departm	ent of State	☐ Addition
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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 tractee empowered to execute this report as required by Chapter 608, Florida Statutes.

ADD 9 1 200/L

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APR 2 1 2004

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