


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90042 013 \*\*\*\*50.00

<b>DOCUMENT # L02000020526</b> 1. Entity Name <b>CENTRAL BOOKING, LLC</b>					
Principal Place of Business <b>453 CALHOUN AVENUE DESTIN, FL 32541</b>			Mailing Address <b>506 1ST AVE DESTIN, FL 32541</b>		
2. Principal Place of Business <b>506 1ST AVE</b>			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Destin, FL</b>			City & State		
Zip <b>32541</b>		Country <b>USA</b>		Zip	
Country		Country		4. FEI Number <b>06-1640148</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BLACKBURN, MELISSA 506 1ST AVE DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Melissa Blackburn</i></u> DATE <u>1/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLACKBURN, MELISSA 506 1ST AVE DESTIN, FL 32541</b>	<input type="checkbox"/> Delete			
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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.					
<b>SIGNATURE:</b> <u><i>Melissa Blackburn</i></u> <u>1/6/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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