

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90009 011 ****50.00

DOCUMENT# L02000022036	
1. Entity Name CENTRALFLORIDARESEARCHGROUP,LLC	

Principal Place of Business 1132 SYMONDS AVE. WINTER PARK, FL 32789	Mailing Address 1132 SYMONDS AVE. WINTER PARK, FL 32789
---	---

2. Principal Place of Business 1131 Symonds Ave	3. Mailing Address 1131 Symonds Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

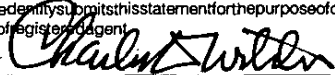
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Country USA

02022004 Chg-LLC CR2E083(10/03)

4. FEIN Number 01-0775423	Applied For Not Applicable
------------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent WILDER, CHARLES D 1132 SYMONDS AVE. WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Charles D. Wilder Street Address (P.O. Box Number is Not Acceptable) 1131 Symonds Ave City Winter Park FL Zip Code 32789
--	--

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 obligation of registered agent.	
SIGNATURE 	Charles D. Wilder 2/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature is required when re-instating) DATE	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILDER, CHARLES D 1132 SYMONDS AVE. WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1131 Symonds Ave Winter Park, FL 32789 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: 	Charles D. Wilder 407-644-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#	