2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025414

1. Entity Name
CENTRAL AVENUE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
441 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880	441 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880

04122006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0115854
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLEAVES, JUDY B
503 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884

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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 Judy B. Cleaves JUDY B. CLEAVES 4-19-06
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 May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CLEAVES, JUDY B TRUSTEE
STREET ADDRESS	503 LAKE MARIAM TERRACE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGRM
NAME	OLDT, THOMAS ROE
STREET ADDRESS	PO BOX 4
CITY-ST-ZIP	WINTER HAVEN, FL 33882
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/03/06-80113-017 50.00

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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.