


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L02000025414 1. Entity Name CENTRAL AVENUE ASSOCIATES, LLC |  |
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| Principal Place of Business 441 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880 | Mailing Address 441 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880 |
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 30-0115854 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**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 Judy B. Cleaves DATE 4-9-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLEAVES, JUDY B TRUSTEE 503 LAKE MARIAM TERRACE WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OLDT, THOMAS ROE PO BOX 4 WINTER HAVEN, FL 33882 |
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U00000292489
04/23/08-80068-003 138.75

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IN THIS SPACE**

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.

SIGNATURE: Judy B. Cleaves Date 4-9-08 Daytime Phone # 863-299-5878

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