

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025414

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL AVENUE ASSOCIATES, LLC

**Current Principal Place of Business:**

441 EAST CENTRAL AVENUE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

441 EAST CENTRAL AVENUE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 30-0115854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLEAVES, JUDY B TRUSTEE  
Address: 503 LAKE MARIAM TERRACE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM  
Name: OLDT, THOMAS ROE  
Address: PO BOX 4  
City-St-Zip: WINTER HAVEN, FL 33882

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date