

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002358

FILED
Apr 28, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA FORMATIONS GROUP, L.L.C.

Current Principal Place of Business:

111 N. ORANGE AVE. SUITE 1200
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

111 N. ORANGE AVE. SUITE 1200
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-0894928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, BRIAN J ESQ.
111 N. ORANGE AVE. SUITE 1200
ORLANDO, FL 32801 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: MGR () Delete
Name: MORAN, BRIAN J
Address: 111 N. ORANGE AVE. SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: SHAMS, SIDNEY H
Address: 111 N. ORANGE AVE. SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: KIDD, JAMES F
Address: 111 N. ORANGE AVE. SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MORAN, THOMAS P
Address: 111 N. ORANGE AVE. SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BERKSON, GARY M
Address: 111 N. ORANGE AVE. SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Change (X) Addition
Name: JOHNSON, SCOTT E
Address: 111 N ORANGE AVE. SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Change (X) Addition
Name: LYONS, CLINTON C JR
Address: 111 N ORANGE AVE. SUITE 1200
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS P. MORAN

MGR

04/28/2008

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