


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000014743</b>              |  |
| 1. Entity Name<br><b>ANESCO CENTRAL LLC</b> |                                                                                   |

|                                                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3601 W COMMERCIAL BLVD., STE. 4 &amp; 5<br/>FT LAUDERDALE, FL 33309</b> | Mailing Address<br><b>3601 W COMMERCIAL BLVD., STE. 4 &amp; 5<br/>FT LAUDERDALE, FL 33309</b> |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-LLC

CR2E083 (11/05)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3772506</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

6. Name and Address of Current Registered Agent

**MELI, DR. RICHARD  
3601 W COMMERCIAL BLVD., STE. 4 & 5  
FT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**H0000516193  
04/29/06-80236-012 50.00**

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                                |
|------------------------------------------------|------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>MELI, RICHARD MD<br/>3601 W COMMERCIAL BLVD STE 4-5<br/>FORT LAUDERDALE, FL 33307</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                |

**DO NOT WRITE  
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: *Margaret Rogers* MARGARET ROGERS 4/ 9544852002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #