

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000015724



1. Entity Name
S & P PROPERTIES OF CENTRAL FLORIDA, L.L.C.

Principal Place of Business Mailing Address
195 AVENUE A, N.W. 195 AVENUE A, N.W.
WINTER HAVEN FL 33881 WINTER HAVEN FL 33881



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		56-2357187		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
GRINER, PHILLIP 195 AVENUE A, N.W. WINTER HAVEN FL 33881				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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...

SIGNATURE _____ DATE _____

(Signature, typed or printed name of registered agent and the filer is acceptable) (Initials Registered Agent's initials are required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, SHARRON G			NAME			
STREET ADDRESS	195 AVE A N.W.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33881			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRINER, PHILLIP B			NAME			
STREET ADDRESS	7030 HATCHINEHA ROAD			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL 33-844\			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	U00000799473	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	01/30/08-80069-020 138.75		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Phillip B Griner Date: 1-25-08 Digital Print # 863-293-0151

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