

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000016396

1. Entity Name

SOUTH CENTRAL BOULEVARD, L.L.C.



Principal Place of Business

13 TEAL DR
LANGHORNE, PA 19047

Mailing Address

13 TEAL DR
LANGHORNE, PA 19047

DO NOT WRITE IN THIS SPACE



01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

51-0467673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRVIN, D.R. ESQ
OCEANSIDE PROFESSIONAL CENTRE
1080 EAST INDIANTOWN ROAD, SUITE 105
JUPITER, FL 33477

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARONE, THOMAS
STREET ADDRESS	13 TEAL DR
CITY - ST - ZIP	LANGHORNE, PA 19047

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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000000785043
01/16/08-80030-006 138.75

**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: _____

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

Date

Daytime Phone #

1-11-08