

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90105 028 ****50.00

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03292005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000017293 1. Entity Name CENTRAL FLORIDA SUITES, LLC					
Principal Place of Business 1205 AVENIDA CENTRAL NORTH THE VILLAGES, FL 32159			Mailing Address 1205 AVENIDA CENTRAL NORTH THE VILLAGES, FL 32159		
2. Principal Place of Business 1203 Avenida Cntrl N. Suite, Apt. #, etc.		3. Mailing Address 410 E. Hollander, CPA Suite, Apt. #, etc. 29226 Orchard Lake #50			
City & State The Villages, FL Zip 32159		City & State Farmington Hills, MI Zip 48334		4. FEI Number 55-0831696 Applied For <input type="checkbox"/> Not Applicable	
Country Lake		Country Oakland		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUCAT, DARRELL 2918 LARRANAGA DR. THE VILLAGES, FL 32162				7. Name and Address of New Registered Agent Name Ducat, Darrell Street Address (P.O. Box Number is Not Acceptable) 1205 Avenida Cntrl. City Lady Lake FL Zip Code 32159	
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 <u><i>Darrell Ducat</i></u> DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUCAT, DARRELL 2918 LARRANAGA DR. THE VILLAGES, FL 32162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1205 Avenida Cntrl. Lady Lake, FL 32159
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUCAT, LARRY 5030 JACKMAN TOLEDO, OH 43613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Darrell Ducat</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/26/05 352/750-3888 <small>Date Daytime Phone #</small>	