


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000017293</b> 1. Entity Name CENTRAL FLORIDA SUITES, LLC	
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Principal Place of Business 1202 AVENIDA CENTRAL NORTH LADY LAKE, FL 32159 US	Mailing Address C/O E. HOLLANDER, CPA 29226 ORCHARD LAKE SUITE 150 FARMINGTON, MI 48334 US
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04172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0831696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUCAT, DARRELL  
1205 AVENIDA CENTRAL NORTH  
LADY LAKE, FL 32159

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000724201  
05/02/07-80102-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUCAT, DARRELL 1205 AVENIDA CENTRAL NORTH LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUCAT, LARRY 5030 JACKMAN TOLEDO, OH 43613
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TITLE NAME STREET ADDRESS 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:** \_\_\_\_\_

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

4/17/07

Date

Daytime Phone #