2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020242

1. Entity Name

CENTURY 21 BUSINESS CENTER LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

198 CENTURY 21 DRIVE JACKSONVILLE, FL 32216 Mailing Address

PO BOX 61391

JACKSONVILLE, FL 32236-1391



DO NOT WRITE IN THIS SPACE

03062007 No Chg-LLC CR2E08

CR2E083 (11/05)

4. FEI Number 16-1668730 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTWIG, KENNETH S 7892 KNOLL DRIVE N. JACKSONVILLE, FL 32221

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	named entity submits this statement for the purpose of charlions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and kitle if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		U00000737816 05/11/07-80043-006 50.00
9.	MANAGING MEMBERS/MANAGERS	:	
TITLE Name Street address City-St-Zip	MGRM HARTWIG, KENNETH S 7892 KNOLL DRIVE N. JACKSONVILLE, FL 32221		
TITLE NAME STREET ADDRESS			

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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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

KENNETY J.

, HARTWIG

4/23/5

Daytime Pho