

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000022152  
 1. Entity Name  
 CITY CENTER, LLC



Principal Place of Business  
 1600 TAMiami TRAIL  
 PORT CHARLOTTE, FL 33948

Mailing Address  
 P.O. BOX 495910  
 PORT CHARLOTTE, FL 33949



01062006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0696663	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

NANDIGAM, BALA  
 1600 TAMiami TRAIL  
 PORT CHARLOTTE, FL 33948

**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: *Bala Nandigam* BALA NANDIGAM, MGRM *01/06/06*  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANDIGAM, USHA K 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANDIGAM, BALA K 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIREN, PATEL 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIPAL, PATEL 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000380048  
 01/10/06-80046-007 50.00

**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: *Bala Nandigam* *01/06/06* 941-457-3682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #