


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 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
--	---



01202007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0696663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ 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**

000000613733
02/05/07-80050-017 50.00

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	

**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:  **1/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #