


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000025143	
1. Entity Name CENPAR, LLC	
	
Principal Place of Business 2341 PORTER LAKE DRIVE SUITE 207 SARASOTA, FL 34240	Mailing Address PO BOX 2838 SARASOTA, FL 34230
DO NOT WRITE IN THIS SPACE	



01102005 No Chg-LLC

CR2E083 (10/03)

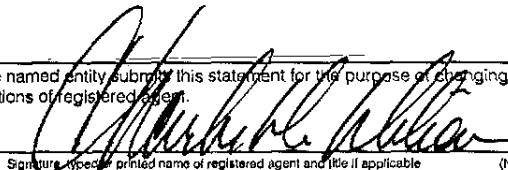
4. FEI Number 65-1196884	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, CHARLES H 2341 PORTER LAKE DRIVE #207 SARASOTA, FL 34240		DO NOT WRITE IN THIS SPACE
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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: Specify 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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES H 2341 PORTER LAKE DRIVE #207 SARASOTA, FL 34240
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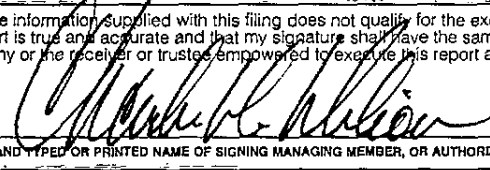
U00000194602
01/25/05-80100-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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



14 Jan 05

94-957-1030

Daytime Phone #