

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90057 012 ****50.00

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

20000739



2. Principal Place of Business
8221 Blackie Court
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State
Sarasota, FL

City & State

4. FEI Number
65-1196884

Applied For
Not Applicable

Zip Country
34240 Sarasota

Zip Country

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

7. Name and Address of New Registered Agent

Name Wilson, Charles H.
Street Address (P.O. Box Number is Not Acceptable)
8221 Blackie Court
City Sarasota FL 34240

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 Charles H. Wilson 1/6/06
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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WILSON, CHARLES H
STREET ADDRESS 2341 PORTER LAKE DRIVE #207
CITY-ST-ZIP SARASOTA, FL 34240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR Wilson, Charles H. ☒ Change ☐ Addition
NAME
STREET ADDRESS 8221 Blackie Court
CITY-ST-ZIP Sarasota, FL 34240

TITLE MGR Rubino, G. Kelly ☐ Change ☒ Addition
NAME
STREET ADDRESS 9015 Town Ctr. Prky. H 105
CITY-ST-ZIP Bradenton, FL 34202

TITLE MGR James, E. Russell ☐ Change ☒ Addition
NAME
STREET ADDRESS 5585 Midnight Pass Road
CITY-ST-ZIP Sarasota, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Charles H. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/6/06 941-957-1030