2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L03000028812

Entity Name: CENTURY INDEPENDENCE, LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE, SUITE 001
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

Current Mailing Address:

3300 UNIVERSITY DRIVE, SUITE 001
CORAL SPRINGS, FL 33065

New Mailing Address:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

FEI Number: 20-0133114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GERAON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: GARY GERSON 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: FALCONE, ARTHUR
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete
Name: FALCONE, EDWARD
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete
Name: FALCONE, ROBERT
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM (X) Change ( ) Addition
Name: FALCONE, EDWARD
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM (X) Change ( ) Addition
Name: FALCONE, ROBERT
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ARTHUR FALCONE MGRM 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date