2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000050607

1. Entity Name
EUNICENTRAL LLC

Principal Place of Business	Mailing Address
404 WATERVIEW DR PALM SPRINGS, FL 33461	404 WATERVIEW DR PALM SPRINGS, FL 33461

DO NOT WRITE IN THIS SPACE

04132005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0459620	Not Applicable

5. Certificate of Status Desired   ☒   **$5.00** Additional Fee Required

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

GONZALEZ, EUNICE
404 WATERVIEW DR
PALM SPRINGS, FL 33461

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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, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GONZALEZ, EUNICE
STREET ADDRESS	404 WATERVIEW DR
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	MGRM
NAME	GONZALEZ, CARLOS
STREET ADDRESS	404 WATERVIEW DR
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/05--01007--008 **5.00

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 608, Florida Statutes.

SIGNATURE: _____   04-13-05 (561) 432-5847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #