

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000050607</b><br>1. Entity Name<br><b>EUNICENTRAL LLC</b> |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>404 WATERVIEW DR<br/>PALM SPRINGS, FL 33461</b> | Mailing Address<br><b>404 WATERVIEW DR<br/>PALM SPRINGS, FL 33461</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04202008 No Chg-LLC

CR2E083 (12/07)

|                                                                         |                                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-0459620</b>                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**GONZALEZ, EUNICE  
404 WATERVIEW DR  
PALM SPRINGS, FL 33461**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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05/29/08-80045-016 5.00

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>GONZALEZ, EUNICE<br>404 WATERVIEW DR<br>PALM SPRINGS, FL 33461 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>GONZALEZ, CARLOS<br>404 WATERVIEW DR<br>PALM SPRINGS, FL 33461 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |

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05/29/08-80045-017 138.75

**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:** Eunice Gonzalez 04-28-08(561)432-5847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #