

**AMENDED
2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -2 AM 9:45

DOCUMENT # L03000053236 -					
1. Entity Name Century Marketing International, LLC					
Principal Place of Business 1951 N.W. 19TH STREET, SUITE 200 BOCA RATON, FL 33441			Mailing Address 1951 N.W. 19TH STREET, SUITE 200 BOCA RATON, FL 33441		
2. Principal Place of Business		3. Mailing Address			
Suite Apt # etc		Suite Apt # etc			
City & State		City & State			
Zip		Zip			
Country		Country		08252005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0484893				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GERSON, GARY N 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name _____ Street Address (P O Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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)					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete Falcon Residential Development, LLC 1951 N.W. 19th Street, Suite 200 Boca Raton, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete Eisner, Neil 3300 University Drive, Suite 1 Coral Springs, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Delete Lazar, Joel 3300 University Drive, Suite 1 Coral Springs, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete Peck, Earl W 6700 Conroy-Windermere Road, #205 Orlando, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 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:			Neil Eisner, Member		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
Daytime Phone #			(954) 346-9700		