2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Api	27, 2000 00.00
DOCU	MENT # L03000055	567		\mathbf{S}	ecretary of State
1. Entity Name CENTRAL PROPERTIES, LLC					
CENTRA	L PROPERTIES, LLC				
Principal Plac	e of Business	Mailing Address			
2305 SCOTL COCOA, FL		2305 SCOTLAND ROAD			
COCOA, IL .	32320 03	COCOA, FL 32926 US			
DO NOT WRITE IN THIS SPA			CE	04252006 No Chg-LLC	CR2E083 (11/05)
				4. FEI Number 20-0552136	Applied For Not Applicable
				5. Certificate of Status Desire	d S5.00 Additional Fee Required
	6. Name and Address of Current I	Registered Agent			
KNICKLE, WILLIAM				DO NOT V	MOITE
2305 SCÓTLAND ROAD COCOA, FL 32926					
				IN THIS S	PACE
8. The above	named entity submits this statement for	the purpose of changing its register	ed office or register	ed agent, or both, in the State of	Florida. Lam familiar with, and accept
the obligat	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent a	ad title if applicable (NOTE: Position	d Agent signature required		DATE
F	iling Fee is \$50.00	no aven appreciate. (Note: hegister	o regent anglisativa radiosiado	witer our promit!	DATE
D	ue by May 1, 2006				
9.	MANAGING MEMBER	RS/MANAGERS			
TILE	MGRM				
NAME STREET ADDRESS	KNICKLE, WILLIAM 2305 SCOTLAND ROAD			UOOO	00539279
CITY-ST-ZIP	COCOA, FL 32926		İ	05/09/0)6-80092-013 SO.OO
TITLE				- Al	
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME STOCET ASSOCIA			i		
STREET ADDRESS CITY-ST-ZIP				DO NOT \	NRITE
TITLE		<u> </u>			
NAME			1	IN THIS S	PACE
STREET ADDRESS CITY - ST - ZIP					
TITLE					• •
KAME					
STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-25-06

321-543-25**43**

Daytime Phone #