

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028500

FILED
Mar 07, 2006
Secretary of State

Entity Name: CENTER PROPERTIES, LLC

Current Principal Place of Business:

6800 W UNIVERSITY AVE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

6800 W UNIVERSITY AVE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-2544730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFORTH, SALLY C
6800 W UNIVERSITY AVE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOFORTH, SALLY C
Address: 4826 SOUTHWEST 95TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: BLOODGOOD, NANCY
Address: 6530 WOODLAND DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BLOODGOOD, NANCY J
Address: 6530 WOODLAND DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SALLY C. GOFORTH

MGRM

03/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date