

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L04000031786

1. Entity Name
7595 CENTURION PARKWAY LLC



Principal Place of Business
10739 DEERWOOD PARK BLVD
STE 103
JACKSONVILLE, FL 32256

Mailing Address
10739 DEERWOOD PARK BLVD
STE 103
JACKSONVILLE, FL 32256



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1127306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

**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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MONTGOMERY, LADSON F
STREET ADDRESS	10739 DEERWOOD PARK BLVD STE 103
CITY-ST-ZIP	JACKSONVILLE, FL 32256

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01/26/07-80033-006 50.00

**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 605, Florida Statutes.

SIGNATURE: Ladson F. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/07

Date

904/399-5222

Daytime Phone #