

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# L04000042029

Entity Name: CENTURION, LLC

**Current Principal Place of Business:**

1820 N CORPORATE LAKES BLVD  
SUITE 207  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1820 N CORPORATE LAKES BLVD  
SUITE 207  
WESTON, FL 33326

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, ISABEL R  
1820 N CORPORATE LAKES BLVD SUITE 207  
WESTON, FL 33326    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:            MGR            ( ) Delete  
Name:            COPELLO, ANNABELLA  
Address:        1820 N CORPORATE LAKES BLVD SUITE 207  
City-St-Zip:    WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            COPELLO, ANABELLA  
Address:        1820 N CORPORATE LAKES BLVD SUITE 207  
City-St-Zip:    WESTON, FL 33326

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: COPELLO, ANABELLA                      MGR                      04/30/2006

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