## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051140

CRUZ, NILDA

City-St-Zip: ORLANDO, FL 32836 US

9157 KILGORE RD.

Name:

Address:

Entity Name: CENTRAL FLORIDA DEVELOPMENTS, LLC

FILED May 01, 2007 Secretary of State

Current P	Principal Place of Business:	New Principal	New Principal Place of Business:	
	SSPOINTE PARKWAY			
SUITE 124 ORLANDO	4 D, FL 32819 US			
Current Mailing Address:		New Mailing A	New Mailing Address:	
	SSPOINTE PARKWAY			
SUITE 124 ORLANDO	4 D, FL 32819 US			
FEI Number In accordan	r: FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the limited liability com	FEI Number Not Applicable pany did not receive the price	e (X) Certificate of Status Desired ( ) or notice.	
Name and Address of Current Registered Agent:		Name and Add	Name and Address of New Registered Agent:	
BONILLA, CARLOS J 9157 KILGORE RD. ORLANDO, FL 32836 US		7751 KINGSPO	BONILLA, CARLOS J 7751 KINGSPOINTE PARKWAY #8 ORLANDO, FL 32819 US	
The above in the State	e named entity submits this statement for the p e of Florida.	urpose of changing its re	gistered office or registered agent, or both	
SIGNATURE: CARLOS J BONILLA			05/01/2007	
	Electronic Signature of Registered Age	nt	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHAN	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete HARPER, DAN 7751 KINGSPOINTE PARKWAY, #124 ORLANDO, FL 32819 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete SHAPIRO, HOWARD 3861 NORTH 31ST TERRACE HOLLYWOOD, FL 33021 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete BONILLA, CARLOS J 7751 KINGSPOINTE PARKWAY SUITE 124 ORLANDO, FL 32819 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS J BONILLA MGRM 05/01/2007