2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L04000051370

Entity Name: MIGUN CENTRAL, L.L.C.

Current Principal Place of Business:

WESTGATE CENTER
1168 W NEW HAVEN AVE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

WESTGATE CENTER
1168 W NEW HAVEN AVE
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-1366867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVERSA, JAIME E
1118 S.E. MENDOZA AVENUE
PORT ST. LUCIE, FL 34952 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: AVERSA, JAIME
Address: 1168 W NEW HAVEN AVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGR ( ) Change (X) Addition
Name: AVERSA, RICHARD
Address: 1168 W NEW HAVEN AVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGR ( ) Change (X) Addition
Name: D'ANCONA, LUCIA
Address: 1168 W NEW HAVEN AVE
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD AVERSA MGR 04/11/2005

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