

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053663

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA PROPERTY INVESTMENT GROUP LLC

**Current Principal Place of Business:**

911 FOXHALL  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

911 FOXHALL  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 20-1524498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRON, ALEXANDER ESQ  
955 SHOTGUN ROAD  
SUNRISE, 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: MGRM ( ) Delete  
Name: SCHILLER, JEFFREY  
Address: 911 FOXHALL  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: BARRON, ALEXANDER  
Address: 955 SHOTGUN ROAD  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES:**

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

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

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.

SIGNATURE: JEFFREY SCHILLER

MGRM

04/30/2009

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