

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90007 031 ***138.75

DOCUMENT # L04000062785



1. Entity Name
 CENTURY/PHILIP PARK, LLC

Principal Place of Business
 1804 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134

Mailing Address
 1804 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134

60055001



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04142008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-1554564	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VILLA SALES CENTER 1804 PONCE DE LEON BLVD MIAMI, FL 33134			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIP PARK, INC. 1804 PONCE DE LEON BLVD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTURY HOMEBUILDERS AT ZAMORA, LLC 7270 NW 12TH ST SUITE 410 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTURY HOMEBUILDERS AT ZAMORA, LLC 2301 NW 87TH AVE, 6TH FL DORAL, FL. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE:

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

4/18/08

Date

Daytime Phone #