


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90016 016 ****50.00

DOCUMENT # L04000076998	
1. Entity Name S-CENTRAL GROUP, LLC	

Principal Place of Business 138 PALM COAST PKWY NE STE 327 PALM COAST, FL 32137 US	Mailing Address 138 PALM COAST PKWY NE STE 327 PALM COAST, FL 32137 US
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02172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1800786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>MGR</i> MELTON, BRENDA L 138 PALM COAST PKWY NE, STE 327 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>MGR</i> MELTON, ERIK 138 PALM COAST PKWY NE, STE 327 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *by: Brenda Melton* - BRENDA MELTON *4/30/06* *888-237-9470*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #