

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90057 009 ***150.00

DOCUMENT # L04000077803	
1. Entity Name CENTRAL CITIES CONSTRUCTION LLC	

20051542



Principal Place of Business 1707 NORTH MILLS AVE. ORLANDO, FL 32803 US	Mailing Address 1707 NORTH MILLS AVE. ORLANDO, FL 32803 US
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2. Principal Place of Business <i>24623 Ranch Rd</i>	3. Mailing Address <i>24623 Ranch Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Astatula, FL</i>	City & State <i>Astatula, FL</i>	4. FEI Number <i>20-1897194</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34705</i>	Country <i>Lake</i>	Zip <i>34705</i>	Country <i>Lake</i>

03142005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name <i>MICHAEL D. SONNENSCHNEIDER</i> Street Address (P.O. Box Number is Not Acceptable) <i>1420 A 1A 104A TRAIL, S5E 101</i> City <i>Oviedo</i> FL Zip Code <i>32765</i>	
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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]* DATE *4/27/05*

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER, MICHAEL L 1707 NORTH MILLS AVE. ORLANDO, FL 32803 <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
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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 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 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]*

4-27-05 -

407-947-3429

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

Date

Daytime Phone #