FILED Apr 28, 2008 8:00 am

2008	LIMITED LIABILITY COMPANY
	ANNUAL REPORT

DOCUMENT # L04000077803 1. Entity Name CENTRAL CITIES CONSTRUCTION LLC							Secretary of State 04-28-2008 90031 046 ***138.75		
Principal Place of Business 24623 RANCH RD ASTATULA, FL 34705 US		Mailing Address 24623 RANCH RD ASTATULA, FL 34705 US							
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address			\dashv			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282008 Chg-LLC CR2E083 (12/06)				
City & State		City & State		1	4. FEI Number Applied For 20-1897194 Not Applicable				
Zip ,		Country	Zip	Cour	ntry		5. Certificate of Status Desired		
	6. Nam	e and Address of Current I	Registered Agent	l		7	7. Name and Address of New Registered Agent		
SONNENS	STHEINE	IN MICHAEL DESC			Name 5	Siegel, Gary ESQ			
1420 ALAF	SONNENSTHEINEIN, MICHAEL D ESQ 1420 ALAFAYA TRAIL				Street Addres	ss (P.C	O. Box Number is Not Acceptable)		
SUITE 101 OVIEDO, I		5			14	50	00 South Hwy 11-42		
	02.00				City		O El Zip Code		
8. The above	named enti	ity submits this statement for	the ourness of changing its	rogistor	1 72	<u>= m</u>	d agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	tions of regis	stered agent.		/	eu onice or rega	siel en	, ,		
SIGNATURE .	Signature, types	d or printed name of registered agent a	and title if applicable. (NOT	// C s E: Registery	d Agent signature requ	uired wh	// Z 8/08 DATE		
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 MEMBER	LRS/MANAGERS	10.			ADDITIONS/CHANGES		
TITLE	MGR		☐ Delete	mu	- 1		☐ Change ☐ Addition		
NAME Street Address		R, MICHAEL L ANCH ROAD		NAM STRE	EET ADORESS				
CITY-ST-ZIP	ASTATU	LA, FL 34705			-ST-ZIP				
TITLE .			☐ Delete	TITL	- I		☐ Change ☐ Addition		
NAME STREET ADDRESS				NAM STRE	E Et adoress				
CITY-ST-ZIP				1	-ST-ZIP				
TITLE NAME			☐ Delete	IIIT			Change Addition		
STREET ADDRESS				NAME STRE	E ET ADDRESS				
CITY-ST-ZIP					-ST-21P				
TITLE NAME			☐ Delete	TITLE	i i		☐ Change ☐ Addition		
STREET ADDRESS	[NAMI STRE	E Et adoress				
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE NAME			☐ Delete	TITLE			☐ Change ☐ Addition		
STREET ADDRESS				NAME STREE	E Et adoress				
CITY-ST-ZIP				CITY-	-ST-ZIP		_		
TITLE NAME			☐ Delete	TTTLE			☐ Change ☐ Addition		
STREET ADDRESS				NAME STREE	ET ADORESS				
CITY-ST-ZIP			<u>, , , , , , , , , , , , , , , , , , , </u>	CITY	-ST-ZIP				
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.									
			5						
SIGNAT	URE:	AND TYPED OR PRINTED MAME OF	SIGNING MANAGING MEMBER, MAN	!	1	-	1-200		
			OCCUPATION INTERPRETATION	AGER, OR	AUTHORIZED REPRE	ESENTA	ATIVE Date Desytime Phone #		