
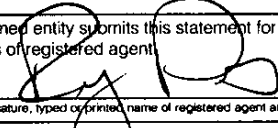
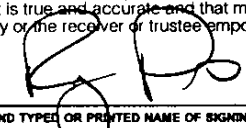


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90030 003 ***138.75

DOCUMENT # L04000078392 1. Entity Name CITY CENTRE KISSIMMEE, LLC			
Principal Place of Business 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741		Mailing Address 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # 202 BROADWAY Suite, Apt. #, etc.		3. Mailing Address 202 BROADWAY Suite, Apt. #, etc.	
City & State KISSIMMEE, FLORIDA Zip 34741 Country US		City & State KISSIMMEE, FLORIDA Zip 34741 Country US	
4. FEI Number 20-2192260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04042008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PARSONS, RAY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name RAY PARSONS Street Address (P.O. Box Number is Not Acceptable) 202 BROADWAY City KISSIMMEE FL 34741	
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 4.18.08 <small>Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 PARSONS, RAY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOOLFIELD, KEVIN 101 PARK PLACE BLVD, SUITE 3 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOOLFIELD, KEVIN 101 PARK PLACE BLVD, SUITE 3 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 4.18.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>			

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