


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-10-2006 90104 031 ****50.00

| | |
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| DOCUMENT # L04000080417 |  |
| 1. Entity Name FIRST CENTRE, LLC | |

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|---|---|
| Principal Place of Business 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880 | Mailing Address 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880 |
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|---|--|
| 2. Principal Place of Business 250 Avenue K SW Suite, Apt. #, etc. | 3. Mailing Address 250 Avenue K, SW Suite, Apt. #, etc. |
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|---|---|
| City & State Winter Haven, FL | City & State Winter Haven, FL |
| Zip 33880 | Zip 33880 |
| Country USA | Country USA |

07052006 Chg-LLC CR2E083 (11/05)

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|------------------------------------|--|
| 4. FEI Number 20-1955729 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent BRINSON, J. KEMP 255 MAGNOLIA AVE., SW WINTER HAVEN, FL 33880 | |
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| 7. Name and Address of New Registered Agent | |
| 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.

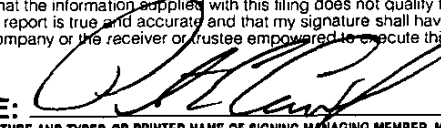
| | |
|---|-----------------------|
| SIGNATURE  | DATE 7/5/06 |
|---|-----------------------|

**Filing Fee is \$50.00
Due by September 6, 2006**

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASSIDY, PETER E 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgrm Cassidy, Peter E. 250 Avenue K, SW Winter Haven, FL 33880 <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 |
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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 |

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.

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|---|-----------------------|-----------------|
| SIGNATURE:  | DATE 7/5/06 | Daytime Phone # |
|---|-----------------------|-----------------|