


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90010 036 ****50.00

DOCUMENT # L04000087223	
1. Entity Name CENTRAL PARATY INVESTMENTS, L.L.C.	

Principal Place of Business 4801 S. UNIVERSITY DRIVE, STE. 244 DAVIE, FL 33328	Mailing Address 901 N.E. 3RD ST. #305 FT. LAUDERDALE, FL 33301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

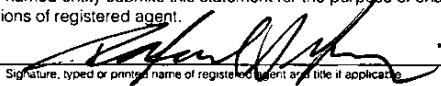


07192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1215637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

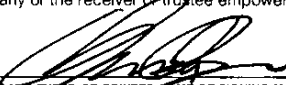
6. Name and Address of Current Registered Agent	
GARCIA, RAFAEL S 901 NE 3RD ST #305 FT. LAUDERDALE, FL 33301	

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 7-19-05

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, OVIDIO B 901 NE 3RD ST. #305 FT. LAUDERDALE, FL 33301 <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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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: 	Date _____ Daytime Phone # _____