

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90094 050 ****50.00

DOCUMENT # L04000092904					
1. Entity Name CENTRE COURT RIDGE INVESTMENT GROUP, LLC					
Principal Place of Business 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609			Mailing Address 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609		
2. Principal Place of Business			3. Mailing Address 10216 GARDEN ALCOVE DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State TAMPA, FL		
Zip		Country		Zip 33647	
Country		Country USA		4. FEI Number 20-211881	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARLOWE & MCNABB, P.A. STEPHEN D. MARLOWE 324 S. HYDE PARK AVENUE, SUITE 210 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name EFRAN JOVEL Street Address (P.O. Box Number is Not Acceptable) 10216 GARDEN ALCOVE DR City TAMPA FL Zip Code 33647		
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 <u>Efrain Jovel</u> DATE <u>4/4/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM CROSS, PAUL 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609	<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	MGRM GRAHAM, MARK F 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609	<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	MGRM JOVEL, EFRAN 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609	<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	MGRM MALLORY, EDWARD DR 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609	<input checked="" 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	MGRM REYTLAT, BEN 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609	<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	MGRM 	<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)(f), 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: <u>Efrain Jovel</u>			DATE: <u>4/4/2005</u> (813) 760-9513		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20027701



03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-211881 **Applied For** Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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	MGRM	<input type="checkbox"/> Delete
NAME	CROSS, PAUL	
STREET ADDRESS	4890 W. KENNEDY BOULEVARD, SUITE 220	
CITY-ST-ZIP	TAMPA, FL 33609	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRAHAM, MARK F	
STREET ADDRESS	4890 W. KENNEDY BOULEVARD, SUITE 220	
CITY-ST-ZIP	TAMPA, FL 33609	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOVEL, EFRAN	
STREET ADDRESS	4890 W. KENNEDY BOULEVARD, SUITE 220	
CITY-ST-ZIP	TAMPA, FL 33609	

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MALLORY, EDWARD DR	
STREET ADDRESS	4890 W. KENNEDY BOULEVARD, SUITE 220	
CITY-ST-ZIP	TAMPA, FL 33609	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REYTLAT, BEN	
STREET ADDRESS	4890 W. KENNEDY BOULEVARD, SUITE 220	
CITY-ST-ZIP	TAMPA, FL 33609	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

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

Date

Daytime Phone #