


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90139 039 ****50.00

DOCUMENT # L05000001272					
1. Entity Name CITY CENTRUM, L.L.C.					
Principal Place of Business 912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904			Mailing Address 912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box # 804 NICHOLAS PKWY E		3. Mailing Address 804 NICHOLAS PKWY E			
Suite, Apt. #, etc. 2		Suite, Apt. #, etc. 2			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 20-2107333	
Zip 33990		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ SUITE C, 1105 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, MARJORIE 912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 NICHOLAS PKWY E #2 CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERTZ, SCOTT 912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 NICHOLAS PKWY E #2 CAPE CORAL FL 33990
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
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
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: <u>Marjorie Powell MARJORIE POWELL</u>				Date <u>2/29/08</u> Daytime Phone # <u>8811</u>	