

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028571

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: CENTRE & ASSOCIATES LLC

**Current Principal Place of Business:**

575 SHORE DRIVE  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

575 SHORE DRIVE  
DESTIN, FL 32550

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TESTA, ANGELA  
575 SHORE DRIVE  
DESTIN, FL 32550    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      SMITH, KATHLEEN R  
Address:                      2621 EAST 40TH #B  
City-St-Zip:                      TACOMA, WA 98404

Title:                      MGRM                      ( ) Delete  
Name:                      TESTA, ANGELA  
Address:                      575 SHORE DRIVE  
City-St-Zip:                      DESTIN, FL 32550

Title:                      MGMR                      ( ) Delete  
Name:                      SMITH, TARA K  
Address:                      10925 63RD AVE. EAST #20-204  
City-St-Zip:                      PUALLUP, WA 98373

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANGELA TESTA

MGMR

04/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date