2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# L05000045269

Entity Name: CENTRAL FLORIDA SWIRL, LLC

Current Principal Place of Business:

126 LISA LOOP
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1052 MONTGOMERY ROAD
#1044
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

P.O. BOX 195608
WINTER SPRINGS, FL 327195608 US

FEI Number: 86-1137992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THRELKELD, JAMES G JR
126 LISA LOOP
WINTER SPRINGS, FL 32708 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: THRELKELD, JAMES G JR
Address: 126 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete
Name: EVANS, LYNN M
Address: 578 ORANGE DRIVE, #87
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: THRELKELD, LYNN E
Address: 126 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

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: JAMES GORDON THRELKELD JR MGRM 04/14/2006

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