

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050007

Entity Name: 1968 CENTURION, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 2535
TALLAHASSEE, FL 323162535

New Principal Place of Business:

215 S. MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301 US

Current Mailing Address:

POST OFFICE BOX 2535
TALLAHASSEE, FL 323162535

New Mailing Address:

215 S. MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301 US

FEI Number: 20-3241937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONI, STEVEN M
2020 W. PENSACOLA ST., STE. 27
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

JONES, JOSEPH P
215 S. MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301 US

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: JOSEPH P. JONES

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RK DEVELOPMENT OF TALLAHASSEE, INC.
Address: 3823 EAST MILLERS BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: LEONI, STEVEN M
Address: 7118 BEECH RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: ESCOBAR, JAVIER
Address: 7118 BEECH RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: JONES, JOSEPH P
Address: 215 SOUTH MONROE ST SUITE 400
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR () Delete
Name: ROSEN, PETER S
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

Title: MGR () Delete
Name: SAULS, JAMES S
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

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:

Title: () Change () Addition
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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 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: JOSEPH P. JONES

MGR

04/30/2009

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