

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000050898

1. Entity Name
CENTRAL GARAGE, L.L.C.Principal Place of Business
201-34TH STREET NORTH
ST. PETERSBURG, FL 33713Mailing Address
201-34TH STREET NORTH
ST. PETERSBURG, FL 33713FILED
07 APR 26 PM 3:45CLERK OF STATE
TALLAHASSEE, FLORIDA

03282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2840650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNON, JOHN
201-34TH STREET NORTH
ST. PETERSBURG, FL 33713**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CANNON, JOHN 201-34TH STREET NORTH ST. PETERSBURG, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMAN, ROBERT A 201-34TH STREET NORTH ST. PETERSBURG, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUMAN, RONALD T 201-34TH STREET NORTH ST. PETERSBURG, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUMAN, MICHAEL C 201-34TH STREET NORTH ST. PETERSBURG, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/22/07--01021--009 **300.00**DO NOT WRITE
IN THIS SPACE**

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: _____

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

4-5-07

Date

727-327-9026

Daytime Phone #