

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093741

FILED  
Mar 26, 2007  
Secretary of State

**Entity Name:** CENTRAL SITE DEVELOPMENT LLC

**Current Principal Place of Business:**

3029A REYNOLDS ROAD  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

3029A REYNOLDS ROAD  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 16-1734250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, WALLACE J  
2701 DIXIE RD  
LAKELAND, FL 33801 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: WALKER, WALLACE J  
Address: 2701 DIXIE RD  
City-St-Zip: LAKELAND, FL 33801

Title: MGRM ( ) Delete  
Name: CALIGUIRE, JODY A  
Address: 128 CALOOSA DR  
City-St-Zip: BABSON PARK, FL 33827

Title: MGRM ( ) Delete  
Name: ANDRE, FRANK J  
Address: 2755 TIGER CREEK TR  
City-St-Zip: LAKE WALES, FL 33898

**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: WALLACE WALKER

MGRM

03/26/2007

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