2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101511

Entity Name: CENTER CITY, LLC

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O BAHTA AND ASSOCIATES, INC. 10794 PINES BLVD., SUITE 203 PEMBROKE PINES, FL 33026

Current Mailing Address: New Mailing Address:

C/O BAHTA AND ASSOCIATES, INC.
P.O. BOX 260101
PEMBROKE PINES, FL 330267101

C/O BAHTA AND ASSOCIATES, INC.
P.O. BOX 260101
PEMBROKE PINES, FL 33026

FEI Number: 14-1947612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAHTA, IRENE M.D. C/O BAHTA AND ASSOCIATES, INC. 10794 PINES BLVD., SUITE 203 PEMBROKE PINES, FL 33026 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 FADULLON BALITA, IRENE
 Name:

 Address:
 P O BO X260101
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:

Title: MGR () Delete Title: ASST (X) Change () Addition

 Name:
 HALITA, YEMANE B
 Name:
 BAHTA, YEMANE B

 Address:
 P O BOX 260101
 Address:
 P O BOX 260101

City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026

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: I BAHTA MGR 01/22/2007