2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101511

Entity Name: CENTER CITY, LLC

FILED Jan 18, 2008 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 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 PANAGOS, PAUL CPA 2721 EXECUTIVE PARK DRIVE STE 4 WESTON, 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: PAUL PANAGOS,CPA 01/18/2008

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

 Name:
 BAHTA, YEMANE B
 Name:

 Address:
 P O BOX 260101
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 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: IRENE FADULLON BAHTA,MD MGR 01/18/2008