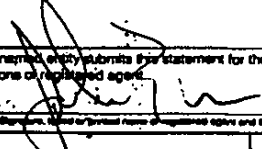
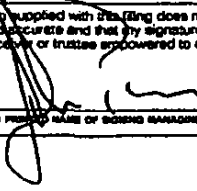


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2006-90034-005-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:51

DOCUMENT # L05000102011			
1. Entity Name CENTURY OAKS DEVELOPMENT, L.C.			
Principal Place of Business 625 PINELLAS STREET, UNIT B CLEARWATER, FL 33756		Mailing Address 625 PINELLAS STREET, UNIT B CLEARWATER, FL 33756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3768120		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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  President		DATE 6/28/06	
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
10. MANAGING MEMBERS/MANAGERS		11. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President John Pence 625 Pinellas St, Unit B Clearwater, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE:  President		DATE 6/28/06	