

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2007 08:00 AM
Secretary of State**

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**



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3768120

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771**

**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	P
NAME	PENCE, JOHN
STREET ADDRESS	625 PINELLAS ST UNIT B
CITY-ST-ZIP	CLEARWATE, FL 33256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80025-019 50.00

**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

Date

Daytime Phone #

4-25-07 727-784-6449