


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90017 014 \*\*\*143.75

|  |   |
|--|---|
| <b>DOCUMENT # L05000105934</b>                           |  |
| 1. Entity Name<br><b>CENTURY RETAIL CONSTRUCTION LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>500 SOUTH FLORIDA AVE.<br/>ST. 700<br/>LAKELAND, FL 33801</b> | Mailing Address<br><b>PO BOX 5252<br/>LAKELAND, FL 33807 US</b> |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



01182008 Chg-LLC CR2E083 (12/06)

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|--|--|--|
| 4. FEI Number<br><b>71-0990668</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                               |  |  |
| 6. Name and Address of Current Registered Agent<br><b>BOCHIS, GEORGE J<br/>500 SOUTH FLORIDA AVE.<br/>ST. 700<br/>LAKELAND, FL 33801</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Peter A. McFarlane</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>500 S. Florida Ave Suite 700</b><br>City <b>Lakeland</b> FL Zip Code <b>33801</b> |

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 Peter A. McFarlane (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to:<br/>Florida Department of State</b> |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CRF MANAGMENT<br>500 SOUTH FLORIDA AVE ST 700<br>LAKELAND, FL 33801 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: Kim S Kelley Kim S Kelley 4/21/08 863.647.1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR A