

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109339

FILED
Apr 30, 2006
Secretary of State

Entity Name: CENTURION INVESTMENTS GROUP, LLC

Current Principal Place of Business:

1301 RIVERPLACE BOULEVARD
SUITE 2554
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

1301 RIVERPLACE BOULEVARD
SUITE 2554
JACKSONVILLE, FL 32207 US

Current Mailing Address:

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, TOMAS A SR
1301 RIVERPLACE BOULEVARD
2554
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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:

Title: MGRM Delete
Name: JIMENEZ, TOMAS A SR
Address: 1301 RIVERPLACE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM Delete
Name: SHAFFER, HAROLD
Address: 1301 RIVERPLACE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM Delete
Name: SHAFFER, VICKI
Address: 1301 RIVERPLACE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM Delete
Name: BELLISARIO JIMENEZ, LYNDA
Address: 1301 RIVERPLACE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: Change Addition
Name:
Address:
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: LYNDA BELLISARIO JIMENEZ

MGRM

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date