

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122408

FILED  
Apr 22, 2010  
Secretary of State

Entity Name: LAKE NONA CENTRAL, LLC

**Current Principal Place of Business:**

9801 LAKE NONA ROAD  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

9801 LAKE NONA ROAD  
ORLANDO, FL 32827

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

B&C CORP. SRVS., OF CENTRAL FLORIDA, INC  
390 N ORANGE AVE  
STE 1400  
ORLANDO, FL 32801 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: MGR  
Name: VOSS, JEFFERSON R  
Address: 9801 LAKE NONA RD  
City-St-Zip: ORLANDO, FL 32827

Title: P  
Name: ZBORIL, JAMES L  
Address: 9801 LAKE NONA RD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: SEYMOUR, THADDEUS JR.  
Address: 9801 LAKE NONA RD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: ANAND, CHRISTOPHER  
Address: 9801 LAKE NONA RD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: KAUFMANN, LARRY  
Address: 9801 LAKE NONA RD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: LEVEY, RICHARD L  
Address: 9801 LAKE NONA RD  
City-St-Zip: ORLANDO, FL 32827

I hereby 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: JAMES L. ZBORIL

P

04/22/2010

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