

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123436

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA FLOOR TO CEILING LLC

**Current Principal Place of Business:**

3349 S. KIRKMAN RD.  
APT 1518  
ORLANDO, FL 32811

**New Principal Place of Business:**

6122 PEREGRINE AVE.  
ORLANDO, FL 32819

**Current Mailing Address:**

3349 S. KIRKMAN RD.  
APT 1518  
ORLANDO, FL 32811

**New Mailing Address:**

6122 PEREGRINE AVE.  
ORLANDO, FL 32819

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

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

PARR, CHARLES W III  
3349 S. KIRKMAN RD.  
APT. 1518  
ORLANDO, FL 32811 US

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

PARR, CHARLES W III  
6122 PEREGRINE AVE.  
ORLANDO, FL 32819 US

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: CHARLES W. PARR III

01/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: TRIMBORN, ADAM E MGR  
Address: 6122 PEREGRINE AVE.  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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: ADAM TRIMBORN

MGR

01/09/2006

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