

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000003350

FILED
Apr 30, 2009
Secretary of State**Entity Name:** CENTRAL SITE MANAGEMENT, LLC**Current Principal Place of Business:**3029 A-1 REYNOLDS RD.
LAKELAND, FL 33803**New Principal Place of Business:****Current Mailing Address:**3029 A-1 REYNOLDS RD.
LAKELAND, FL 33803**New Mailing Address:****FEI Number:** 20-5126598**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1384770
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**CALIGUIRE, JODY A
128 CALOOSA DRIVE
BABSON PARK, FL 33827 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: JODY CALIGUIRE

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: WALKER, WALLACE J
Address: 1021 LAMP POST LN
City-St-Zip: LAKELAND, FL 33809**Title:** MGRM () Delete
Name: CALIGUIRE, JODY A
Address: 5901 TERNWATER PL
City-St-Zip: LITHIA, FL 33547**Title:** MGRM () Delete
Name: ANDRE, FRANK J
Address: 128 CALOOSA DR
City-St-Zip: BABSON PARK, FL 33827**Title:** MGRM () Delete
Name: TRAMMEL, KATHRYN
Address: 5755 EAGLEMONT CIRCLE
City-St-Zip: LITHIA, FL 33547**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: KATHRYN TRAMMEL

MGRM

04/30/2009

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