2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT							//		
DOCUMENT # L06000005251						<i>y</i> .	LF	'n	
1. Entity Name 2718 CENTERVILLE ROAD, LLC						O7 APR 2	ILE	l.J	
2718 CENTERVILLE ROAD, LEG					T.	07 APR 3 SECRETAR	U PHI	2:40	
Principal Place of Business Mailing Address					14	ILLAHACA	YOF'S	LAN	
1230 NORTH ADAMS STREET TALLAHASSEE, FL 32303	30 NORTH ADAMS STREET 1230 NORTH ADAMS STREET					SECRETAR ALLAHASS	t.E. FL	TATE ORIDA	
					1 4889380 80				
2. Principal Place of Business - No P.O. Box # 3.11 East Jennings Street 3.11 East Jennings Street				eet					
Suite, Apt, #, etc.	#, etc. Suite, Apt. #, etc.				04292007	Chg-LLC	CR2E0)83 (12/06)	
City & State Tallahassee, FL	City & State Tallahassee, FL				4. FEI Number 20-453			-	oplied For of Applicable
Zip Country 32301 USA	Zip 32301	· ~ \			5. Certificate	of Status Desired		\$5.00 Add	
6. Name and Address of Current					7. Name and	Address of New	Registered A		
Name					C Kit	trell			
BURNETTE, JOHN T 1230 NORTH ADAMS STREET TALLAHASSEE, FL 32303			James C. Kittrell Street Address (P.O. Box Number is Not Acceptable) 311 East Jennings Street						
								1	
					hassee		FL Zip Code 32301		
8. The above named entity submiterahis 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 Signature, types or printed name of registered agen	and little d apphashin (NOTE	- Gazintova	d Acest average	ura rapuirad u	rhen reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
September 1995 of parties frame or registered agen	t and use ii appacases. (NOTE	.: negstere	u Ageni signati	me redused w	men reinstating)	 	DATE		
Amended AR is \$50.00							ke check p la Departm	eayable to ent of State	e
9. MANAGING MEMB	 ERS/MANAGERS	10.				ADDITIONS	/CHANGES		
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NAME BURNETTE, JOHN T * STREET ADDRESS 1230 NORTH ADAMS STREET STR			E Et address	1	rell, J				l
CITY-S1-ZIP TALLAHASSEE, FL 32303				ı		nnings St , FL 3230			
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TITLE NAME	☐ Delete	TITLE	I					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		STRE	ET ADDRESS - ST - ZIP						
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.									
1 //	e empowered to execute this r	report as	s required t	by Chapte	er 608, Florida	Statutes.			