


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90080 026 \*\*\*138.75

<b>DOCUMENT # L06000044195</b>	
1. Entity Name <b>MA OF CENTRAL FLORIDA LLC</b>	

Principal Place of Business <b>1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119</b>	Mailing Address <b>1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119</b>
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**60041075**



2. Principal Place of Business - No P.O. Box # Blvd. <b>1898 S. Clyde Morris Blvd.</b>	3. Mailing Address <b>1898 S. Clyde Morris Blvd.</b>
Suite, Apt. #, etc. <b>Ste. 500</b>	Suite, Apt. #, etc. <b>Ste 500</b>
City & State <b>Daytona Beach FL</b>	City & State <b>Daytona Beach FL</b>
Zip <b>32119</b>	County <b>Volusia</b>

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>51-0577933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>AMENDOLAGINE, MARILYN 1898 SOUTH CLYDE MORRIS BOULEVARD #500 DAYTONA BEACH, FL 32119</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marilyn Amendolagine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMENDOLIAGINE, MICHAEL 1898 SOUTH CLYDE MORRIS BOULEVARD #500 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMENDOLIAGINE, MARILYN 1898 SOUTH CLYDE MORRIS BOULEVARD #500 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Marilyn Amendolagine Marilyn Amendolagine **4-21-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **386-322-0673**  
Date Daytime Phone #