2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049703

Entity Name: CENTRAL FLORIDA BUILDING MANAGEMENT, L.L.C.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3310 S.W. 34TH STREET 2930 SE 31ST STREET OCALA, FL 34474 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

3310 S.W. 34TH STREET 2930 SE 31ST STREET OCALA, FL 34474 OCALA, FL 34471

FEI Number: 33-1148650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THE VILLAGES, FL 32159 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: RYAN MILLHORN, ESQ 04/09/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 GUMMADI, SIVA S MD
 Name:
 JUSTIN, FERNS MD

 Address:
 3310 SW 34 ST
 Address:
 2930 SE 31ST STREET

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34471

 Title:
 MGR
 () Delete
 Title:
 MGR
 (X) Change () Addition

 Name:
 MIHAL, VIJAH K MD
 Name:
 ALI, NASSER MD

 Address:
 3310 SW 34 ST
 Address:
 2930 SE 31ST STREET

 Address:
 3310 SW 34 ST
 Address:
 2930 SE 31ST STREET

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34471

 Title:
 MGR
 () Delete
 Title:
 MGR
 (X) Change () Addition

 Name:
 RAI, SWAROOP MD
 Name:
 ASAD, QAMAR MD

 Address:
 3310 SW 34 ST
 Address:
 2930 SE 31ST STREET

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34471

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 WILLIAM, DRESEN F MD
 Name:

 Address:
 3310 SW 34 ST.
 Address:

 City-St-Zip:
 OCALA, FL 34474
 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: ALI NASSER MGR 04/09/2009