

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-28-2007 90196 001 *1,050.00

DOCUMENT # L06000054500																																																																																																																							
1. Entity Name CENTURY FALCON PINES, LLC																																																																																																																							
Principal Place of Business 1951 NW 19TH STREET, STE. 200 BOCA RATON, FL 33431			Mailing Address 1951 NW 19TH STREET, STE. 200 BOCA RATON, FL 33431																																																																																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip	Country	Zip	Country	03132007 Chg-LLC CR2E083 (12/06)																																																																																																																			
4. FEI Number 20-4964015				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																																																																																																																
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5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent GERSON, GARY N 1645 PALM BEACH LAKES BLVD., STE. 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																							
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																					
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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: <u>William McKissack</u> <u>03.12.07</u> <u>561-961-1219</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																																							