

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076078

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTRAL GROUP DEVELOPER SERVICES LLC

Current Principal Place of Business:

12453 S.ORANGE BLOSSOM TRAIL
100
ORLANDO, FL 32837

New Principal Place of Business:

12250 MENTA STREET
SUITE # 105
ORLANDO, FL 32837

Current Mailing Address:

12453 S.ORANGE BLOSSOM TRAIL
100
ORLANDO, FL 32837

New Mailing Address:

12250 MENTA STREET
SUITE # 105
ORLANDO, FL 32837

FEI Number: 20-5340082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTORANI, LIDA I
12453 S.ORANGE BLOSSOM TRAIL
100
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

CASTORANI, LIDA I
12250 MENTA STREET
SUITE # 105
ORLANDO, FL 32837 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: LIDA I CASTORANI

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTORANI, LIDA I
Address: 3213 HARPERS FERRY CT.
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: CASTORANI, BERNARDINO J
Address: 3213 HARPERS FERRY CT
City-St-Zip: ORLNADO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTORANI, LIDA I
Address: 12250 MENTA STREET,SUITE # 105
City-St-Zip: ORLANDO, FL 32837

Title: MGRM (X) Change () Addition
Name: CASTORANI, BERNARDINO J
Address: 12250 MENTA STREET,SUITE # 105
City-St-Zip: ORLNADO, FL 32837

Title: T () Change (X) Addition
Name: CASTORANI, PEDRO A
Address: 12250 MENTA STREET,SUITE # 105
City-St-Zip: ORLANDO, FL 32837

Title: S () Change (X) Addition
Name: BRICENO, RAUL
Address: 12250 MENTA STREET,SUITE # 105
City-St-Zip: ORLANDO, FL 32837

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: LIDA I CASTORANI

MGR

04/30/2009

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