2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State

DOCUMENT # L06000121191						03-14-2007 90208 012 ****50.00				
1. Entity Name CENTURION INVESTMENT COMPANY, LLC				S. T. T. S.						
Principal Place of Business 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948			Mailing Address 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948			60023			a:P: !:1 FD:	E BR (41)
2. Principal Place of Business - No P.O. Box #		0x # 3. Mail	3. Mailing Address							
Suite, Apt. #, etc		Suite	Suite, Apt. #, etc.			01112007	Chg-LLC	CR2E083 (12	/06)	
City & State		City	City & State			4. FEI Numbe	5201124			ed For opplicable
Zip	Country	Zip		Country		5. Certificate	of Status Desired	□ \$5.00 Fee Re	Addition Addition	onal
	6. Name and Address of	Current Registere	d Agent			7. Name and	Address of New Re	gistered Agent		· · · · · · · · · · · · · · · · · · ·
MIDEIRIG IOHN) ESO					Name					
WIDEIKIS, JOHN L ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948				S	Street Address (P.O. Box Number is Not Acceptable)					
				C	City			FL Zic	Code	
	e named entity submits this stations of registered agent.	stement for the purpo	ose of changing its reg	gistered a	office or register	ed agent, or both	h, in the State of Flor	ida. I am familiar	with, an	d accept
SIGNATURE	Signature, typed or printed name of regi	stered agent and little if app	cable. (NOTE, Re	egistered Age	ent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State			
F	iling Fee is \$50.00 ue by May 1, 2007									
9.	ue by May 1, 2007	G MEMBERS/MANA	AGERS	10.				Department of		
D	MANAGINI		AGERS	10.			Florida	Department of	State	☐ Addition
9. TITLE NAME	MANAGIN	EIKIS	☐ Delete	TITLE	DODEES		Florida	Department of CHANGES	State	☐ Addition
9.	MANAGIN	EIKIS	☐ Delete	TITLE	,		Florida	Department of CHANGES	State	Addition
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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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941-627-1000

Date

Daytime Phone #