


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90100 027 \*\*\*138.75

<b>DOCUMENT # L07000033607</b>	
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1. Entity Name  
**CENTER PROPERTIES, LLC**

Principal Place of Business  
**3759 PERCIVAL ROAD  
ORLANDO, FL 32826**

Mailing Address  
**3759 PERCIVAL ROAD  
ORLANDO, FL 32826**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2405 W. PRINCETON ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 1**

City & State

City & State

**ORLANDO, FL**

Zip

Country

Zip

Country

**32804**

**USA**

02262008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-8761940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTER, CARY  
3759 PERCIVAL ROAD  
ORLANDO, FL 32826**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/26/08**

**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  
CENTER, CARY  
3759 PERCIVAL ROAD  
ORLANDO, FL 32826**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ 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:

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

Date

Daytime Phone #

**2/26/08**

**407-447-6811**