

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90129 002 ***138.75

DOCUMENT # L07000072021

1. Entity Name
 CENTRAL PARKWAY HOLDINGS, LLC



Principal Place of Business Mailing Address
 1014 NE POST OAK WAY 1014 NE POST OAK WAY
 JENSEN BEACH, FL 34957 US JENSEN BEACH, FL 34957 US

60021320



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 4801 PGA Blvd 4801 PGA Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03272008 Chg-LLC CR2E083 (12/06)

City & State City & State
 Palm Beach Gardens, FL Palm Beach Gardens, FL
 Zip Country Zip Country
 33418 US 33418 US

4. FEI Number Applied For
 32-0208798 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KRAMER, ROBERT S
 853 SE MONTEREY COMMONS BLVD.
 STUART, FL 34996

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CDMNM LLC 1014 NE POST OAK WAY JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4801 PGA Blvd. Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Keith L. Cummings, Mgr. Date: 3-31-08 Daytime Phone #: 561 630-6110