2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000097894

Entity Name: CENTRAL FLORIDA INVESTMENT FIRM LLC

Current Principal Place of Business:

831 MYSTIC OAK PLACE
APOPKA, FL 32712

New Principal Place of Business:

534 TIMBERWOLF TRAIL
APOPKA, FL 32712

Current Mailing Address:

831 MYSTIC OAK PLACE
APOPKA, FL 32712

New Mailing Address:

534 TIMBERWOLF TRAIL
APOPKA, FL 32712

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CICCARELLO, SALVATORE
831 MYSTIC OAK PLACE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

CICCARELLO II, SALVATORE
534 TIMBERWOLF TRAIL
APOPKA, FL 32712 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: SALVATORE CICCARELLO II 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CICCARELLO, SALVATORE
Address: 831 MYSTIC OAK PLACE
City-St-Zip: ORLANDO, FL 32712 US

Title: MGR (X) Delete
Name: CICCARELLO, BRENDA
Address: 831 MYSTIC OAK PLACE
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CICCARELLO II, SALVATORE
Address: 534 TIMBERWOLF TRAIL
City-St-Zip: APOPKA, FL 32712 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SALVATORE CICCARELLO II MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date