

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000005326

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** CENTER MASS MANAGEMENT LLC

**Current Principal Place of Business:**

117 PALMETTO LN.  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 817  
LARGO, FL 337790817 US

**New Mailing Address:**

**FEI Number:** 26-1755762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAVE, GARY A  
426 HARBOR VIEW LANE  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

TAVE, GARY A  
117 PALMETTO LANE  
LARGO, FL 33770 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:**

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** TAVE, GARY A  
**Address:** 117 PALMETTO LN.  
**City-St-Zip:** LARGO, FL 33770 US

**ADDITIONS/CHANGES:**

**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:** GARY A. TAVE

MGRM

01/12/2009

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