
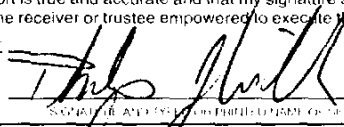


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		1999 05/05	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company CENTENNIAL PLACE, L.C. 16118 ANCROFT COURT TAMPA FL 33647		DOCUMENT # L98000001871 1a. Principal Place of Business Address 16118 ANCROFT COURT TAMPA FL 33647			
2. Principal Place of Business 16118 Ancroft Ct Suite, Apt. #, etc.		2a. Mailing Address Same Suite, Apt. #, etc.		3. Date Organized or Qualified 09/15/1998	
City & State Tampa FL		City & State Tampa FL		4. FET Number 59-3541031	
Zip 33647		Country USA		5. Date of Last Report 09/15/1998	
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		3a. State of Formation FL			
7. Name and Address of Current Registered Agent WILK, PHILIP J 16118 ANCROFT COURT TAMPA FL 33647		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (Not for Registered Agent Signature except when accepting appointment)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WILK, PHILIP J	16118 ANCROFT COURT		TAMPA FL	
7000002795297-00 -03/05/99--01010--002 ****188.75 ****188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  2/22/99					