

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90051 034 ****50.00

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1. Entity Name
CENTRUST DEVELOPMENT CO., L.L.C.



Principal Place of Business
4011 W. FLAGLER STREET, SUITE 404
MIAMI, FL 33134

Mailing Address
4011 W. FLAGLER STREET, SUITE 404
MIAMI, FL 33134

20051217



04112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0415334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VELASCO, ROLANDO
4011 W FLAGLER STREET
MIAMI, FL 33134

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME J.A.R. FAMILY LIMITED PARTNERSHIP
STREET ADDRESS 9801 SW 110 ST.
CITY-ST-ZIP MIAMI, FL 33174

TITLE MGRM
NAME VELASCO, ROLANDO
STREET ADDRESS 4011 W. FLAGLER STREET, SUITE 404
CITY-ST-ZIP MIAMI, FL 33134

TITLE MGR
NAME VELASCO, ERIC J
STREET ADDRESS 4011 W. FLAGLER STREET SUITE 404
CITY-ST-ZIP MIAMI, FL 33134

TITLE MGR
NAME TELLAM, STEVE
STREET ADDRESS 4011 W. FLAGLER STREET SUITE 404
CITY-ST-ZIP MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #