2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT # L99000005688

1. Entity Name
CONTROL CENTER, L.L.C.

Principal Place of Business	Mailing Address
300 SUNPORT LANE SUITE 100 ORLANDO, FL 32809	300 SUNPORT LANE SUITE 100 ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

03312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3597018
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YERGEY, DAVID A JR.
211 N. MAGNOLIA AVENUE
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	TURNER, MARCUS B
STREET ADDRESS	300 SUNPORT LANE, SUITE 100
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGR
NAME	THOMAS, MICHAEL
STREET ADDRESS	528 LAKE COVE POINTE CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGR
NAME	RASHY, DANIEL
STREET ADDRESS	3339 REGAL CREST DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	MGR
NAME	BROOKS, JOHN
STREET ADDRESS	9345 BUTTONWOOD ST
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	MGR
NAME	KNOTT, ROBERT
STREET ADDRESS	100 GLEN CLUB CT
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	MGR
NAME	FADELEY, BRETT
STREET ADDRESS	1378 S RIDGE LAKE CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32750

100000497432
04/22/06-80053-014 50.00

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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: By: _____ MANAGER DANIEL RASHY 03/31/06 (407) 304-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #