2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90051 049 ****50.00

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

60043726

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

04102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
YERGEY, DAVID A JR. 211 N. MAGNOLIA AVENUE ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TURNER, MARCUS B 300 SUNPORT LANE, SUITE 100 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STEVE ZWOLINSKI 300 SUNPORT LANE, STE 100 ORLANDO, FL 32809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR THOMAS, MICHAEL 528 LAKE COVE POINTE CIRCLE WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MAGNUS NORDGREN 300 SUNPORT LANE, STE 100 ORLANDO, FL 32809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RASHY, DANIEL 3339 REGAL CREST DR LONGWOOD, FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BROOKS, JOHN 9345 BUTTONWOOD ST ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KNOTT, ROBERT 100 GLEN CLUB CT DEBARY, FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FADELEY, BRETT 1378 S RIDGE LAKE CIRCLE LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #