

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0075904

DOCUMENT # M01000002105

1. Entity Name  
**CENTER DESIGNS, LLC**



**FILED**  
03 APR 25 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJK**

Principal Place of Business  
2101 WEST S.R. 434, SUITE 105  
LONGWOOD FL 32779

Mailing Address  
2101 WEST S.R. 434, SUITE 105  
LONGWOOD FL 32779

2. Principal Place of Business  
725 PRIMERA BOULEVARD  
Suite, Apt. #, etc.  
SUITE 200

3. Mailing Address  
POST OFFICE BOX 952798  
Suite, Apt. #, etc.

City & State  
LAKE MARY, FLORIDA

City & State  
LAKE MARY, FLORIDA

Zip  
32795-2798

Country  
USA

Zip  
32795-2798

Country  
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2488833**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRISON, WILLIAM H ESQUIRE  
BALDWIN & MORRISON, P.A.  
7100 SOUTH U.S. HIGHWAY 17-92  
FERN PARK FL 32730**

7. Name and Address of New Registered Agent

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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

800017109228  
04/25/03--01079--004 \*\*\$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ABRUZZINO, WILLIAM PO BOX 952798 LAKE MARY FL 32795</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ABRUZZINO, REBECCA PO BOX 952798 LAKE MARY FL 32795</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER WILLIAM ABRUZZINO POST OFFICE BOX 952798 LAKE MARY, FLORIDA 32795-2798</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER REBECCA ABRUZZINO POST OFFICE BOX 952798 LAKE MARY, FLORIDA 32795-2798</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Rebecca Abruzzino* **SIGNATURE REQUIRED** **4/24/03** **407-333-0022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)