2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001920

1. Entity Name
CENTORQUE, LLC



FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442 3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442



		01112006No Chg-LLC	33 (11/05)		
DO NOT WRITE IN THIS SPACE	E	4. FEI Number 36-4498990		Applied For Not Applicable	
		5. Certificate of Status Desired	\$5.00 Additional		
Name and Address of Current Registered Agent		<u> </u>		<u></u>	
LEIBOWITZ, PATRICIA 3191 S.W. 11TH STREET BLDG 100		DO NOT WRITE			
DEERFIELD BEACH, FL 33442		IN THIS SPACE			

8	. The above named entity submits this	statement for the pu	rpose of changing	g its registered off	ice or registered agent, or	both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	1.	. 1				£
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SIGNATURE Signature, typed or primed name of registered agent and site # a

Patricia Leibowitz
(NOTE: Registered Agent signature required when reinstating)

4/21/06

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LEIBOWITZ, MARTIN NICK
STREET ADDRESS	3191 S.W, 11TH STREET BLDG 100
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CRY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CATY-ST-ZIP	
TITLE	
NAME.	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I bereby	certify that the information supplied with this filling does not qualify for the ex

U00000533760 05/06/06-80135-023 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 of execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #