2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004904

Entity Name: CENTRAL THREE, LLC

Address:

City-St-Zip:

242 SOUTH 17TH STREET

PHILADELPHIA, PA 19103

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O YARIV BAR-OR 25 SECOND STREET NORTH 242 SOUTH 27TH STREET SUITE 200 PHILADELPHIA, PA 19103 ST PETERSBURG, FL 33701 **Current Mailing Address: New Mailing Address:** C/O YARIV BAR-OR 25 SECOND STREET NORTH 242 SOUTH 27TH STREET SUITE 200 PHILADELPHIA, PA 19103 ST PETERSBURG, FL 33701 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete AVIRAN, JIMMY Name: Name: Address: 242 SOUTH 17TH STREET Address: City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: AVIRAN, TAL Name: Address: 242 SOUTH 17TH STREET Address: City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SUFRIN, KALMARI Name: Name: 242 SOUTH 17TH STREET Address: Address: City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KIVITY, NACHSHON Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: ANGIE CARLSON OMGR 04/28/2006