2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004907

Entity Name: CENTRAL ONE, LLC

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
- a	iton i inicipal i lace di Dacinico

C/O YARIV BAR-OR 25 SECOND STREET NORTH 242 SOUTH 17TH STREET SUITE 200

PHILADELPHIA, PA 19103 ST PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

C/O YARIV BAR-OR
242 SOUTH 17TH STREET
PHILADELPHIA, PA 19103

25 SECOND STREET NORTH
SUITE 200
ST PETERSBURG, FL 33701

FEI Number: 56-2529130 FEI Number Applied For () FEI Number Not Applicable () 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 US

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:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 AVIRAN, JIMMY
 Name:
 AVIRAM, JIMMY

 Address:
 242 SOUTH 17TH STREET
 Address:
 242 SOUTH 17TH STREET

 City-St-Zip:
 PHILADELPHIA, PA 19103
 City-St-Zip:
 PHILADELPHIA, PA 19103

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: AVIRAN, TAL Name: AVIRAM, TAL

Address: 242 SOUTH 17TH STREET
City-St-Zip: PHILADELPHIA, PA 19103
Address: 242 SOUTH 17TH STREET
City-St-Zip: PHILADELPHIA, PA 19103
PHILADELPHIA, PA 19103

Title: MGR () Delete Title: () Change () Addition

 Name:
 SUFRIN, KALMAN
 Name:

 Address:
 242 SOUTH 17TH STREET
 Address:

 City-St-Zip:
 PHILADELPHIA, PA 19103
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 KIVITY, NACHSHON
 Name:

 Address:
 242 SOUTH 17TH STREET
 Address:

 City-St-Zip:
 PHILADELPHIA, PA 19103
 City-St-Zip:

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.

SIGNATURE: ANGIE CARLSON OMGR 04/28/2006