## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M06000000022

Entity Name: CENTRAL LEWMAR LLC

**FILED** Feb 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

575 E. SWEDESFORD ROAD, SUITE 210 6400 POPLAR AVE **WAYNE, PA 19087** MEMPHIS, TN 38197

**Current Mailing Address: New Mailing Address:** 

575 E. SWEDESFORD ROAD, SUITE 210 6400 POPLAR AVE **WAYNE, PA 19087** C/O TAX DEPT MEMPHIS, TN 38197

FEI Number: 20-3738034 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

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: () Delete (X) Change ( ) Addition

SEGALL, GREGORY L CONNELLY, JAMES A Name: Name: 575 E. SWEDESFORD ROAD, SUITE 210 Address: 6400 POPLAR AVE Address: City-St-Zip: WAYNE, PA 19087 City-St-Zip: MEMPHIS, TN 38197

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

HALPERN, PAUL L Name: KLEIN, WALTER Name: Address: 575 E. SWEDESFORD ROAD, SUITE 210 Address: 6285 TRI RIDGE BLVD City-St-Zip: WAYNE, PA 19087 City-St-Zip: LOVELAND, OH 45140

Title: MGR () Delete Title: MGR

(X) Change ( ) Addition QUINN, WILLIAM KLIMAN, THOMAS A Name: Name:

575 E. SWEDESFORD ROAD, SUITE 210 6285 TRI RIDGE BLVD Address: Address: City-St-Zip: **WAYNE, PA 19087** City-St-Zip: LOVELAND, OH 45140

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

STERN, LESLIE Name: Name: WILLIAMSON, MICHAEL 575 E. SWEDESFORD ROAD, SUITE 210 6400 POPLAR AVE Address: Address: City-St-Zip: WAYNE, PA 19087 City-St-Zip: MEMPHIS, TN 38197

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

BAUER, PAULA S Name: Name: 6400 POPLAR AVE Address: Address: City-St-Zip: City-St-Zip: MEMPHIS, TN 38197

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

STALL, MARK Name: Name: Address: Address: 6825 TRI RIDGE BLVD LOVELAND, OH 45140 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL WILLIAMSON 02/25/2008