

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000022

Entity Name: CENTRAL LEWMAR LLC

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

6400 POPLAR AVE  
MEMPHIS, TN 38197

## New Principal Place of Business:

## Current Mailing Address:

6400 POPLAR AVE  
C/O TAX DEPT  
MEMPHIS, TN 38197

## New Mailing Address:

FEI Number: 20-3738034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete  
Name: CONNELLY, JAMES A  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: MGR ( ) Delete  
Name: KLEIN, WALTER  
Address: 6285 TRI RIDGE BLVD  
City-St-Zip: LOVELAND, OH 45140

Title: MGR ( ) Delete  
Name: KLIMAN, THOMAS A  
Address: 6285 TRI RIDGE BLVD  
City-St-Zip: LOVELAND, OH 45140

Title: MGR ( ) Delete  
Name: WILLIAMSON, MICHAEL  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: MGR ( ) Delete  
Name: BAUER, PAULA S  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: MGR ( ) Delete  
Name: STALL, MARK  
Address: 6825 TRI RIDGE BLVD  
City-St-Zip: LOVELAND, OH 45140

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: LOVORN, MELISSA  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KING, MELISSA  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

MGR

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date