

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000006532**

1. Entity Name  
**COTTONWOOD CENTER LLC**



Principal Place of Business  
**1949 SUGARLAND DRIVE, NO. 250  
SHERIDAN, WY 82801**

Mailing Address  
**1949 SUGARLAND DRIVE, NO. 250  
SHERIDAN, WY 82801**



07052007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>83-0304327</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DUFFEY, DEBORAH L  
2440 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33713**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carla J. Ash, Sec Treas*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*7.6.07*

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHUCHERT, JOSEPH TRUSTEE 1949 SUGARLAND DRIVE, NO. 250 SHERIDAN, WY 82801</b>
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07/23/07-80007-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

*Carla J. Ash, Sec Treas*

*7.6.07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #