

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006532

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** COTTONWOOD CENTER LLC

**Current Principal Place of Business:**

1949 SUGARLAND DRIVE  
SUITE 250  
SHERIDAN, WY 82801

**New Principal Place of Business:**

**Current Mailing Address:**

1949 SUGARLAND DRIVE  
SUITE 250  
SHERIDAN, WY 82801

**New Mailing Address:**

**FEI Number:** 83-0304327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUFFEY, DEBORAH L  
2440 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 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:** MGRM  
**Name:** SCHUCHERT, JOSEPH TRUSTEE  
**Address:** 1949 SUGARLAND DRIVE, NO. 250  
**City-St-Zip:** SHERIDAN, WY 82801

I hereby 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: JOSEPH SCHUCHERT

MGRM

03/15/2012

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