

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90028 023 \*\*\*138.75

**DOCUMENT # M07000002443**

1. Entity Name  
CENTURY PARK ASSOCIATES, LLC



Principal Place of Business  
3570 KEITH STREET, NW  
CLEVELAND, TN 37312

Mailing Address  
3570 KEITH STREET, NW  
CLEVELAND, TN 37312

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
62-1851068

Applied For  
Not Applicable

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

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

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTON, FORREST L 3570 KEITH STREET, NW CLEVELAND, TN 37312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTON, BRYAN F 3570 KEITH STREET, NW CLEVELAND, TN 37312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Manager Bryan F. Preston 3570 Keith Street, NW Cleveland, TN 37312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary/Treasurer Angelena Y. Clayton 3570 Keith Street, NW Cleveland, TN 37312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Cindy S. Cross 3570 Keith Street, NW Cleveland, TN 37312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Joan E. Thurmond 3570 Keith Street, NW Cleveland, TN 37312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joan E. Thurmond  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

423-08 423-473-5868  
Date Daytime Phone #

**ATTACHMENT**  
*60029304*  
*# M07000002443*  
**EXHIBIT "A"**

**Century Park Associates, LLC  
3570 Keith Street, NW  
Cleveland, TN 37312**

**Members**

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Bryan F. Preston	3570 Keith Street, NW	Cleveland, TN 37312

**Officers**

Chief Manager	Bryan F. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Vice President	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Vice President/ Secretary/Treasurer	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312