2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Apr 26, 2005 08:00 AM Secretary of State

		REPURI		,		Sa	ovotov	$\mathbf{x}_{T} \wedge \mathbf{f}^{T}$	Ctata
1. Entity Nar	IMENT # L01000017	425	•			56	cretar	y OI	State
Principal Plan	ce of Business	Mailing Address							
1001 CHERRY ST		1001 CHERRY ST		-					
SUITE 308		SUITE 308							
COLUMBIA, MO 65201		COLUMBIA, MO 65201							
		·				8/8/ ((\$## 88 (4) 88(4) 8			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		03112005	Chg-LLC	CR2E08	3 (10/03)		
City & Sta	ite	City & State			4. FEI Number 01-0588				pplied For at Applicable
Zip	Country	Zīp	Count	try	5. Certificate o	f Status Desired		55.00 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent	
000000	LAMEON		· -	Name		<u> </u>			
GORDON, JAMES N 23123 S STATE RD 7 SUITE 301		Street Address		Street Address (P.O. Box Number	is Not Acceptab	ele)		
	TON, FL 33428		Ì						
			.	City				Zip Code	
				City			FL	2.p COO	В
	s named entity submits this statement for utions of registered agent.	r the purpose of changing its	s registere	ed office or register	red agent, or both	, in the State of F	lorida. I am la	emiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E Registered	i Ägent signature required	f when reinstating)		DATE	<u> </u>	,
					* *.		23		
					,	Make check payable to Florida Department of State			
F D	iling Fee is \$50.00 ue by May 1, 2005								e
D	ue by May 1, 2005	BS/MANAGERS	10.			Florid	ia Departme		e
9.	MANAGING MEMBE		10.			Floric	da Departme	nt of State	
9. TITLE	MANAGING MEMBE	RS/MANAGERS Delete	MILE			ADDITIONS U0001	ia Departme 5/CHANGES 00332666	nt of State	☐ Addition
9.	MANAGING MEMBE MGR KROENKE, E STANLEY	☐ Delete	TITLE	E		Floric	ia Departme 5/CHANGES 00332666	nt of State	☐ Addition
9. TITLE NAME	MANAGING MEMBE	☐ Delete	TITLE NAME STREET			ADDITIONS U0001	ia Departme 5/CHANGES 00332666	nt of State	☐ Addition
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