2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90053 014 ****50.00

1. Entity Nan	MENT # L02000008	3906			-	04-22-200	05 90053 01	14 ****50).00	
4035 GRANI #117	ce of Business DE VISTA BLVD. NE, FL 32084	Mailing Address 4035 GRANDE VISTA BL #117 ST AUGUSTINE, FL 320	•				040673 	-	· · · · · · · · · · · · · · · · · · ·	
7.1.1.5 Suite 3 pt.	Place of Business AIA South #, etc.	3. Mailing Address P.o. Box H(Suite, Apt. #, etc.	,9		04142005	Chg-LLC		083 (10/03)		
City & Sta	WGUSTNE, FL	City & State		L	4. FEI Numb NOT AI	er PPLICABLE		N	pplied For ot Applicable	
320	Country ろこ	32085	U.S.A.			of Status Desir		\$5.00 Add		
	6. Name and Address of Current	Registered Agent	NI			Address of No	ew Registered	Agent		
BROWN, WILLIAM A				Name STEVE SYKES Street Address (P.O. Box Number is Not Acceptable)						
234 NESM SAINT AU	MITH AVE IGUSTINE, FL 32084		Street	Address (P		er is Not Accep				
		,	329		91A	South	, c-8			
			City S	τ. Α	NITZUDU		FL		<u>080</u>	
8. The above	e named elitity submits his statement for its considerations of registered agent.	or the purpose of changing its r	egistered office of	or registere	ed agent, or bo	oth, in the State	of Florida. I am	familiar with,	, and accept	
	ISTV. E						4/18/2	2005		
SIGNATURE	Signature, typed or printed name of register diagen	t and title if applicable. (NOTE:	Designated Asset sizes				O TE			
	Signature, typos or printed rains or register to ago.	t and took approcation. (1701)	Registered Agent signs	ature required v	when reinstating)		- UNIE			
F	iling Fee is \$50.00 lue by May 1, 2005	(401)	недізілгео Адап відп	ature required t	mon reinstating)		Make check orida Departn		a	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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