

SENT BY: HITCO, LTD.;

516 334 4938;

APR

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**


05-05-2003 90691 026 \*\*\*\*55.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L02000032950

1. Entity Name

CHMD, LLC



30068325

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2840 NW 2nd Ave.		3. Mailing Address 2840 NW 2nd Ave.	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Boca Raton, FL.		City & State Boca Raton, FL.	
Zip 33431	Country USA	Zip 33431	Country USA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0582265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Donald J. Thomas, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 1200 North Federal Highway Suite 312	
City Boca Raton	FL Zip Code 33432

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Michael James Hertzberg 2840 NW 2nd Ave. Suite 200 Boca Raton, FL. 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **4-28-03** **561-393-3201**

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

CR2E033B (12/02)