## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L04000013623** 04-19-2005 90025 043 \*\*\*\*50.00 CHRISXAVI, LLC Principal Place of Business Mailing Address 12770 WESTWOOD LAKES BLVD. 12770 WESTWOOD LAKES BLVD. TAMPA, FL 33626 US TAMPA FL 33626 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 Chq-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable Country Zip Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STROHAUER, GARY N Street Address (P.O. Box Number is Not Acceptable) 1150 CLEVELAND STREET **SUITE 300** CLEARWATER, FL 33755 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50,00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** Addition TITLE ☐ Delete ☐ Change MILLAN, ERNESTO J NAME MAME 12770 WESTWOOD LAKES BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33626 MGRM Change ☐ Addition Delete TILE TITLE **OLMEDA-MILLAN, JANNISSE** NAME NAME STREET ADDRESS 12770 WESTWOOD LAKES BLVD. STREET ADDRESS **TAMPA, FL. 33626** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P TIME ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-702 TITLE Detete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

FILED

SIGNATURE:

04/14/2005

04/14/05

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 empoyaged to execute this report as required by Chapter 608, Florida Statutes.