2006 LIMITED LIABILITY COMPANY

FILED Jun 09, 2006 8:00 am Secretary of State

ANNUAL REPURI							Secretary of State				
DOCUI 1. Entity Nam ALBANY	n e	# L050000503				06-09-2006 9					
Principal Place of Business Mailing Address					40047225						
8934 CONROY WINDERMERE ROAD ORLANDO, FL 32835			8934 CONROY WINDERMERE ROAD ORLANDO, FL 32835			1 100(f8)			21 81119 118	TRL III INGI	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05302006	Chg-LLC	CR2E083 (11/05)		
City & State			City & State			4. FEI Num	ber 8/-067	13388		plied For t Applicable	
Zip		Country	Zip Country				te of Status Desired	□ \$5.	00 Add Required		
6. Name and Address of Current Registered Agent						7. Name ar	nd Address of New Re	gistered Agen	it		
HUBMAN, CHRISTOPHER J					me	• -	- · - ·	-	-		
	IROY WIN	DERMERE ROAD			eet Address (P.O. Box Nurr	ber is Not Acceptable)			
				City		-,			Zip Code	9	
8. The above named entity submits this statement for the purpose of changing its registered office or registered.								r L	•		
8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its r	egistered off	ice or register	red agent, or t	ooth, in the State of Flor	rida. I am famili	ar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title il applicable. (NOTE:	Registered Agen	t signature required	d when reinstating)		DATE			
Filing Fee is \$50.00 Due by September 6, 2006								check payal Department			
9.	1	MANAGING MEMBER	RS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/	CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	HUBMAN, CHRISTOPHER J 8934 CONROY WINDERMERE ROAD			NAME STREET ADD CITY-SI-ZI					Change	☐ Addition	
TITLE			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-SI-ZIP						•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADD - CITY-SI-Zi	I	-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	l l				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-Z	ı				Change	Addition	
TITLE NAME			☐ Delete	TITLE NAME					Change	☐ 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 regeiver or trustee-empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: CHE'S HUBMAN 6/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devinto Proce #