

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2004 APR 16 PM 3:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



02042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0936391	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

DOCUMENT # M02000002280
1. Entity Name
Chg (DRM) LLC



Principal Place of Business ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WIENER, DAVID J ESQ.
ONE NORTH CLEMATIS STREET, SUITE 305
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

200032965042
04/16/04--01048--005 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, JOHN W.S. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, TOM ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, PETER 30 ST. CLAIR AVENUE WEST, SUITE 1400 TORONTO ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINK, PERCY 30 ST. CLAIR AVENUE WEST, SUITE 1400 TORONTO ONTARIO CANADA,
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: *John W.S. Preston* 2/23/04 561-835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #