2004 LIMITED LIABILITY COMPANY

FILED Apr 29, 2004 8:00 am

ANNUAL REPURI					Secretary or State			
1. Entity Nam	MENT # L00000007				04-29-2004	4 90061 042 ****	50.00	
Principal Place of Business 3052 S.W. 27TH AVENUE MIAMI, FL 33133		Mailing Address 3052 SW 27TH AVE. #101 MIAMI, FL 33133					TO: (01 183)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe 65-1050		——————————————————————————————————————	olied For Applicable	
Zip	Country	Zip	Country		of Status Desired	\$5.00 Addi	tional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Reg	gistered Agent		
the obligat	named entity submits this statement from sof registered agent. Signature, typed or frinted name of registered agents. Signature typed or frinted name of registered agents.	mas	Pasqualet	gistered agent, or both	ЗД Make	TL Zip Code Ida. I am familiar with, a Market DATE Check payable to Department of State	and accept	
			T-10		40007104046	1144000		
9. TITLE NAME STREET ADORESS CITY-ST-ZIP	MANAGING MEMB MGR RENZI, RENZO 3052 S.W. 27TH AVENUE MIAMI, FL 33133	EHS/MANAGEHS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/C	CHANGES Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENZI, PAQUALE 3052 SW 27TH AVENUE #101 MIAMI, FL 33133	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE			☐ Change	Addition	

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 tipe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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

☐ Delete

☐ Delete

☐ Change

Addition