2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L03000052		04-29-2004 90063 022 ****50.00				
Principal Plac	e of Business	Mailing Address					
7935 CAUSEWAY BLVD. NORTH ST. PETERSBURG, FL 33707-1007 7935 CAUSEWAY BLVD ST. PETERSBURG, FL 3				s indicates and			
2. Principal Place of Business		3. Mailing Address			100.0		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number	378/10	~)/} 	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Add Fee Required	litional d
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New R	egistered Agent	
F&L CORF	· /	Name CLARK FURLOW					
200 LAURA STREET, THE GREENLEAF BLDG. JACKSONVILLE, FL 32202-3510				ess (P.O. Box Number is Not Acceptable) 5 CALLSE WAY BLVD. N.			
			City St. 7	Peteraln	<u> </u>	FL Zip Code	707
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	ered agent, or bot	h, in the State of Flo $\frac{1}{2}$	rida. I am familiar with,	and accept
	Signature, typed or printed name of redistered agent at	nd title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	-	DATE	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State			
9.	MANAGING MEMBER	DE /MANIACEDO	10.		ADDITIONS/	CHANGES	
	THE WAS TOUR THE INTERIOR	13/IVIANAGERS	10.				
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	MGR	☐ Delete	TITLE		,,		Addition
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I hereby certify that the information supplied with this filling 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 of the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE