2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 27, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # M03000003 DESLAURIERS SOUTHEAS						07-27-2006	90080 (U38 ****>	0.00
Principal Place of Business Mailing Address 901 WASHINGTON STREET EAST ORLANDO, FL 32801 Mailing Address 901 WASHINGTON STREET ORLANDO, FL 32801				T		£ 1 811£1 00 JUL 1	1110 (141) 0 01(1 00 6(1 00 7)	 	IIII EOITE BIIKI EGI	11 1 (11 11 11 11 11 11 11 11 11 11 11 11 1
2. Principal Place of Business		3. Mailing Address								
Suite, Apt, #, etc.		Suite, Apt. #, etc.				07172006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State				4. FEI Number 52-2377				plied For t Applicable
Zip	Country	Zip Co		try		5. Certificate of Status Desired			Fee Required	
	6. Name and Address of Current F	Registered Agent				7. Name and A	Address of New R	legistered .	Agent	
LIABBIES	DAVID			Name						
HARRIES, DAVID 8727 BECKINGHAM PL ORLANDO, FL 32836				Street Address (P.O. Box Number is Not Acceptable)						
-				City				FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office o	r registere	ed agent, or both	, in the State of Fig			and accept
SIGNATURE .		4407	· B					DATE		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOI	E: Hedistere	d Adeni sidnal						
		T				when reinstating)		ONIL		
Fil Due k	ing Fee is \$50.00 by September 6, 2006				33 34 34 35 3	when reinstating)		e check p	payable to nent of State	a
Fil Due t	ing Fee is \$50.00 y September 6, 2006 MANAGING MEMBEI	RS/MANAGERS	10.		33 340.00	vnen reinstating)		e check p a Departm	ent of State	2
Due k	y September 6, 2006	RS/MANAGERS				vnen (einstating)	Florida	e check p a Departm	ent of State	a Addition
Due k	y September 6, 2006 MANAGING MEMBER		10.			when reinstaung)	Florida	e check p a Departm	nent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM HARRIES, DAVID 901 WASHINGTON STREET EAS	☐ Delete	10. TITLE NAMI STRE	E E EET ADDRESS		when reinstaung)	Florida	e check p a Departm	nent of State	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIE SIGNATURE AND LYGGO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE