## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



**FILED** Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # L0000001152  1. Entity Name CU TITLE OF PALM BEACH, LLC					02-14-2003	5 90181 0	03 ****	50.00
Principal Plac 37 SE 5TH S BOCA RATON	T STE 100	Mailing Address 37 SE 5TH ST STE 100 BOCA RATON, FL 3343	2					
2. Principal Place of Business  14000 M; (itary Trail Suite, Apt. #, etc.		3. Mailing Address  \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		02022005	Chg-LLC	CR2E08		
Suite 108 City & State		<u> </u>		4. FEI Number Applied For				
	my Beach, FL	Delray Bea		65-096	8237		No	t Applicable
<i>33ペ8</i>	Country	33484-3600	Country	5. Certificate	of Status Desired		<b>5.00</b> Add e Require	
	6. Name and Address of Current R	legistered Agent		7. Name and	Address of New R	egistered Aç	ent _	
3773 COM	), MARVIN M IMON WEALTH BLVD SSEE, FL 32303	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
							,	
L			City			FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its i	registered office or registr	ered agent, or bot	h, in the State of Flo	rida. I am fai	miliar with,	and accept
SIGNATURE	The Control of Agents							
SIGNATORE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered Agent signature require	red when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005				:		check pay Departmen		•
9.	MANAGING MEMBER	RS/MANAGERS	10.	l .	ADDITIONS/	CHANGES		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIMMIER, STEVE 3773 COMMON WEALTH BLVD TALLAHASSEE, FL 32303	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOD, GUY M 3773 COMMON WEALTH BLVD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			l	Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGR GARLAND, MARVIN M 3773 COMMON WEALTH BLVD TALLAHASSEE, FL 32303	□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			l	Change	Addition
l indicated	certify that the information supplied with on this report is true and accurate and tability company or the receiver or trustee	hat my signature shall have t	he same legal effect as if	made under oath	that I am a manag	further certifing member	y that the ir or manage	nformation or of the