2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

DOCUI	MENT # L00000004	249			01-18-2005	_		0.00	
1. Entity Nam		240			01-16-2003	20160 003	<i>J</i> .	0.00	
Principal Plac	e of Business	Mailing Address	.1		M 0 ~				
2627 N.E. 203RD STREET		2627 N.E. 203RD STREET							
-suite 202 Aventura, fl 33180		AVENTURA, FL 33180		İ					
AVENTORA, I		AVEIGION, 1E 33100			<u> [</u>	H 1571 FILM C1019 (11 LED 11		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite Apr. #, etc. Suite 118		01052005	Chg-LLC	CR2E083	(10/03)		
City & State	е	City & State		4. FEI Numb				oplied For ot Applicable	
Zip	Country	Zip	Country			□ \$5	.00 Add		
					of Status Desired	· Fee	Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	legistered Age	nt		
CORPDIRECT AGENTS									
103 N. MERIDIAN STREET, LOWER LEV TALLAHASSEE, FL 32301		EL Street Address		ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
I ALLANIA	30LL, 1 L 32301								
	•		City			FL	Zip Cod	е	
	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Flo	orida. I am fam	iliar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	. July 15 E bla							
`	Signature, typed of printed flatine of registered again.	and the ii applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)		DATE .			
FI	iling Fee is \$50.00 ue by May 1, 2005	and the II applicable. (NUTE	Registered Agent signature requ	uired when reinstating)		e check pays Department		e	
FI D			Registered Agent signature requ	uired when reinstating)		e check pays a Department		0	
9. TITLE	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE		10.	ured when reinstating)	Florida	e check pays a Department (CHANGES		e Addition	
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9. TITLE	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	ERS/MANAGERS	10.	uved when reinstating)	Florida	e check pays a Department (CHANGES	of State		
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11. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Horida 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 of fusces empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

O NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

105 35932-020°