2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2004 08:00 AM Secretary of State

		 							
Principal Place of Business		Mailing Address							
2801 FRUITVILLE RD, STE 100 SARASOTA, FL 34237		2801 FRUITVILLE RD, STE 100 SARASOTA, FL 34237					555 MM555 WEISS #58)	1885 551 1883
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.		03032004	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State			4. FEI Number 65-100			<u> </u>	opiled For ot Applicable
Zip	Country	Zip	Country	у	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		N	7. Name and	Address of New F	egistered A	zent	
HRIC, MICHAEL				Name					
2801 FRU STE 100	ITVILLE RD	Street Address		Street Address (I	P.O. Box Numbe	r is Not Acceptable)		
SARASOT	'A, FL 34237	City		City			FL	Zip Code	
8. The above	named entity submits this statement for	or the ournose of changing its re	egistered o	office or registered	i agent, or both.	in the State of Fi		amiliar with, a	and accept
the obligati	ions of registered agent.			•				•	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	E Registered	Agent signature required	d when reinstating)		DATE		
Fi D:	iling Fee is \$50.00 ue by May 1, 2004						ce check p a Departm	ayable to ent of State	G
J.	MANAGING MEMB	ERS/MANAGERS	10.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TELE					Change	Addition
TREET ADDRESS	LYNN, LARA A 7645 TRALEE WAY		NAME STREE	T ADDRESS		05/06/04 05/06/04	015717	7 011 FC	1 00
1TY- ST-ZIP	BRADENTON, FL 34202			ST-ZIP		10-00 VOV	_00010	"nii 20	3 [3]
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TREET ADDRESS ITY+ST-ZP 1. I hereby of indicated	tertify that the information supplied with on this report is true and accurate and	n this filing does not qualify for till that my signature shall have the	he exemp erpame le	tion stated in Sect gal effect as if mad	ion 119.07(3)(de under oath, ti	i), Florida Statutes nat I am a mana	l further cert ging membe	ify that the in: r or manager	formation r of the
TY-ST-ZIP	Lectify that the information supplied with on this report is true and accurate and billy company or the receiver or truste	h this filing does not qualify for the half my signature shall have the empowered to execute this re	he exemp ersame le port as re	tion stated in Sect gal effect as if mar quired by Chapter	ion 119.07(3)(de under oath; ti r 608, Florida Sta	 Florida Statutes. tam a mana du tes. 	I further cert ging membe	ify that the in r or manager	iformation r of the