2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # L00000006870	ANNOAL REPORT						Secretary or State			
\$4.72 FIRST COAST HIGHWAY, SUITE AMELIA ISLAND, FL 32034 \$3. Mailing Address \$3.20205 \$Chg-LLC \$CR2E083 (10'03) \$2.00205 \$Chg-LLC \$CR2E083 (10'03) \$2.00205 \$Chg-LLC \$CR2E083 (10'03) \$C.00205 \$	1. Entity Name						04-19-2005 900	010 024 ****50	0.00	
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City & States City Country E. Name and Address of Curront Registered Agent 7. Name and Address of Status Desired 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. In familiar with, and acceptable) Filling Foe is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State Filling Foe is \$50.00 Make Check payable to Florida Department of State Make WILLIAMS, H.E. SIREH AURISS CITY 51-29 ADDITIONS/CHANGES CITY 51-29 CITY 51-2	2. Principal F	Place of Business	3. Mailing Address							
Zp Country Zi Source Specified Specifi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282005	Chg-LLC	CR2E083 (10/03))	
5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Cod	City & State		City & State							
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9.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

4-14-05

904-753-1415