2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # L0000001(FLORIDA, LLC	0079				04-30-2007 9	90180 001 ***	150.00
Principal Place 2525 WEST E SUITE 600 NASHVILLE, T	END AVENUE	Mailing Address 2525 WEST END AVENUE SUITE 600 NASHVILLE, TN 37203 US		30006112				
2. Principal Place of Business - No P.O. Box # 920 Winter Street		3. Mailing Address Same						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007	Chg-LLC	CR2E083 (12/0		
City & State Waltham, MA		City & State Zip Country		4. FEI Numb 65-104			Applied For Not Applicable	
Zip C	02451 Country	Zip	Coun	ıry		of Status Desired	☐ Fee Req	Additional iired
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
C T CORPORATION SYSTEM 2731 EXECUTIVE PARK DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 4 WESTON, FL 33331								
				City			FL Zip C	ode
the obligati	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. Fam familiar w	th, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTI	E: Registered	d Agent signature requir	red when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007								
							e check payable to Department of S	
		ERS/MANAGERS	10.				Department of S	
Dı	ue by May 1, 2007	Delete AMPA, INC.	TITLE NAME STRE	· I		Florida	Department of S	tate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBING MEMBING MEMBING MEMBING MEMBING MEMBING OF THE STATE	Delete AMPA, INC.	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP		ADDITIONS/	CHANGES	pe Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBING MEMBING MEMBING MEMBING MEMBING MEMBING OF THE STATE	Delete AMPA, INC. TE 600	TITLE NAMM STRE CITY- TITLE NAMM STRE CITY- TITLE NAMM STRE	E ET ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP		ADDITIONS/	Department of S CHANGES Chan Chan	pe Addition pe Addition
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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:

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

781-699-9000

Daytime Phone #