2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 07, 2005 8:00 am Secretary of State

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992 TAMIAM Suite A	e of Business II TRAIL .OTTE, FL 33953 US	Mailing Address 992 TAMIAMI TRAIL SUITE A PORT CHARLOTTE, FL	33953						P ar i III I rr i	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt, #, etc.		Suite, Apt. #, etc.			01042005	Chg-LLC	CR2E	2083 (10/03)		
City & State		City & State	City & State		4. FEI Numb 59-370			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
·	6. Name and Address of Curren	nt Registered Agent			7. Name and	Address of New	Registered	Agent		
	15.15.15.115.11	•	Name	•						
CHADBOURNE, KENNETH J 992 TAMIAMI TRAIL SUITE A			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	ARLOTTE, FL 33953	• .			**;					
		•	City			<u></u>	F	Zip Cod	le	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office of	r register	ed agent, or bo	th, in the State of	Florida. I an	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age									
			Ti. Confetered Ament Hope							
		nt and title if applicable. (NOT	TE: Registered Agent signa	ture required	when reinstating)		DATE			
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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

Date