	2006 LIMITED LIABILITY COMPANY ANNUAL REPORT					FILED Apr 13, 2006 8:00 ar Secretary of State			
I. Entity Nam	MENT # L0100000					04-13-200	6 90034 00!	9 ****5	0.00
Principal Place 2200 LUCIEN SUITE 350 MAITLAND, F		Mailing Address 2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751				50 V		-	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		011	12006	Chg-LLC	CR2E083	3 (11/05)	
City & State	e	City & State			El Numb				plied For
Zip Country		Zip	Country		52-2318331 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Curren	nt Registered Agent		7. N	ame and	Address of New			a
ON, ROB			Name						
2200 LUCIEN WAY SUITE 350			Street A	Street Address (P.O. Box Number is Not Acceptable)					
IAITLAND	D, FL 32751		City						
The show	named entity submits this statement	for the purpose of characiae it.	City		-	the in the Otate of	FL	Zip Cod	
the obligati	ions of registered agent.	for the purpose of changing its	s registered onice o	x registered age	int, or do	iin, in the state of	Florida. 1 am tar	millar with,	and accept
IGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (5)01							
			E: Registered Agent signa	ture required when rein	nstating)		DATE		
Fi	iling Fee Is \$50.00 ue by May 1, 2006		TE: Registered Agent signa	ture required when rein	nstating)		DATE ake check pay da Departmer		
D:	MANAGING MEM	BERS/MANAGERS	10.	ture required when rein	nstating)	Flori	ake check pay da Departmer S/CHANGES	nt of State	9
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