## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90277 050 \*\*\*\*50.00

1. Entity Name	MENT # L01000007				02-22-20	007 90277 (	)50 ***	*50.00	
Principal Place		Mailing Address							
3185 S. CONWAY RD. Ste. E		3185 S. CONWAY RD. Ste. e							
ORLANDO, FL	32812	ORLANDO, FL 32812			    <b>           </b>	 	ELDH IDCIL EDI		
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162007	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State		4. FEI Numb 59-372				oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5.00 Add e Required		
	6. Name and Address of Current	Registered Agent	Nome	7. Name an	d Address of New	Registered Ag	ent		
BARKETT, SUZANNE				Name					
3185 S. CONWAY RD. STE. E		Street Address		dress (P.O. Box Numb	er is Not Acceptab	ile)			
ORLANDO	, FL 32812								
			City			FL	Zip Code	е	
<ol><li>The above the obligati</li></ol>	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s registered office or r	registered agent, or be	oth, in the State of F	lorida. I am fan	niliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatur	re required when reinstating)		DATE			
Fi	Signature, typed or printed name of registered agent fling Fee is \$50.00 ue by May 1, 2007	and title if applicable (NO	TE: Registered Agent signatur	re required when reinstating)		DATE ke check pay la Departmen		Đ	
Fi	ling Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBE		TE Registered Agent signatur	re required when reinstating)	Florid	ke check pay		B	
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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: JA C. VICTOIL BUTCEN JA.

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