

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90040 005 ****50.00

20060100



04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
47-0927518

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BROCK, CLIFFORD
P.O. BOX 69
CORTEZ, FL 34215

7. Name and Address of New Registered Agent
Name: ZANE, JEFFREY P.
Street Address (P.O. Box Number is Not Acceptable): 4800 RIVERSIDE DR., SUITE 101
City: PALM BEACH GARDENS FL Zip Code: 33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: [Signature] DATE: 4/11/06

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, CLIFFORD		NAME	RONALD L. HENSARLING	
STREET ADDRESS	P.O. BOX 69		STREET ADDRESS		
CITY-ST-ZIP	CORTEZ, FL 34215		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: RONALD L. HENSARLING, MANAGER
Date: 04/05/06 (521) 670-4389