1. Entity Name     04-27-2005 90027 008 ****5       Principal Place of Business     Mailing Address       122E. TILLMAN AVENUE     122 E. TRLIMAN AVENUE       LAKE WALES, FL 33853     LAKE WALES, FL 33853       2. Principal Place of Business     3. Mailing Address       Suite, Apt. #, etc.     03082005     Chg-LLC       City & State     City & State	00 a tate		
122E TILLIAMA AVENUE     122E TILLIAMA AVENUE       LAKE WALES, FL 33853     1. Mailing Address       Suite, Apt. #, elic.     03082005     Chg-LLC     CR2E083 (10/03)       Suite, Apt. #, elic.     Suite, Apt. #, elic.     03082005     Chg-LLC     CR2E083 (10/03)       City & State     4. FEI Number     AT-0850604     Imme       Zip     Country     2. Outinty     S. Certificate of Status Bosines     5. Certificate of Status Bosine     \$. Scitticate of Status Bosine     Proceeding       ALEXANDER, JOHN R			
Suite, Apil. #, etc.   Suite, Apil. #, etc.   03082005   Chg-LLC   CR2E083 (10/03)     City & State   A. FEI Number   Arr.0850604   Arr.0850604   Arr.0850604     Zis   Country   Zip   Country   S. Certificate of Status Desired   \$5.000.Add For Regulated     State   A. FEI Number   State   S. Certificate of Status Desired   \$5.000.Add For Regulated     State   S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   Name     ALEXANDER, JOHN R			
City & State   City & State   4. FEI Number   App     Zip   Country   Zip   Country   Zip   Country   App     Zip   Country   Zip   Country   8. Certificate of Status Desired   \$5.000 Adt Fore Required     Izz E. TILLIMAN AVENUE   Name   Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent     Izz E. TILLIMAN AVENUE   Name   Street Address (P.O. Bex Number is Net Acceptable)   FL     Zip Code   City   FL   Zip Code     B. 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. Tam familiar with, e for the obligations of registered agent.   Politic Registered Agent agents instatement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, e for the obligations of registered agent.   Politic Registered Agent agents instatement of State     SIGNATURE   Titling Foe is \$50.00   Make check payable to Florida Department of State   Politic Registered Agent agents install all with register agents install all check payable to Florida Department of State     Balance   MARAGING MEMEERS/MANAGERS   10   ADDITIONS/CHANGES     Arr. State   Delde   Tit Agents agents install all chemagents instatement of State   Change <			
Zip   Country   Zip   Country   Sip   Country   S. Certificate of Status Desired   SS.00 Adp Fee Required     6. Name and Address of Current Registered Agent   Name   Name   Name     ALEXANDER, JOHN R			
	plied For t Applicable		
ALEXANDER, JOHN R 122 E. TILLMAIN AVENUE LAKE WALES, FL 33853			
122 E. TILLMAN AVENUE     Street Address (P-0. Box Number is Not Acceptable)       City     FL     Zip Code       In the obligations of registered agent.     It is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. T am familiar with, a       SIGNATURE     Determinant and regeneral agent and the if applicable.     (NOTE Registered Agent agents registered agent, or both for printed number of regeneral agent and the if applicable.     Date       SIGNATURE     Title     Make check payable to Florida Department of State       Bate by May 1, 2005     Inte     Make check payable to Florida Department of State       Rite Moress     10.     ADDITIONS/CHANGES     C frange       Rite Moress     Inte     NME     Street Address     C frange       Make Street Moress     Inte     NME     Street Address     C frange       Make Street Moress     Inte     Inte     C frange     Make     C frange       Make Street Moress     Inte     Inte <t< td=""><td></td></t<>			
City       FL       Zip Code         A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the colligations of registered agent.       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the colligations of registered agent.         SIGNATURE       Operators, typed or previous registered agent and the # spekintel.       (NOTE Pegistered Agent signature registered agent, or both, in the State of Florida Department of State         Filing Foe is \$50.00       Marke check payable to Florida Department of State         B.       MANAGING MEMBERS/MANAGERS       10.       ADDITIONS/CHANGES         B.       MARKE NORES       10.       ADDITIONS/CHANGES       Change         NWE       ALEXANDER, JOHN R       IDebte       ITTLE       INME       ICTONS/CHANGES         127: 57:2P       LAKE WALES, FL 33853       ITTLE       INME       ICTONS/CHANGES       ICTONS/CHANGES         137: 57: 2P       ITTLE       INME       IDebte       ITTLE       ICTONS/CHANGES       ICTONS/CHANGES         137: 57: 2P       ITTLE       IDME       IDDebte       ITTLE       ICTONS       ICTONS         138ET ADDRESS       ITTLE       IDDebte	(P.O. Box Number is Not Acceptable)		
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. Tam familiar with, a the obligations of registered agent.   SIGMATURE   Together, typed or preted name of legistered agent and the Prepletate.   (NOTE Registered Agent eigenster regards when rewatating)   DATE   Telling Fee is \$50.00   Due by May 1, 2005   Registered Agent eigenster regards when rewatating)   DATE   Make check payable to   Florida. Deater   Registered Agent eigenster regards when rewatating)   DATE   Make check payable to   Florida Department of State   Registered Agent eigenster regards when rewatating)   DATE   Make check payable to   Florida Department of State   Registered Agent eigenster regards when rewatating)   DATE   Make check payable to   Florida Department of State   Registered Agent eigenster regards   Registered Agent eigenster registered agent, control of State   Registered Agent eigenster regards   Registered Agent eigenster registered agent, control of State   Registered Agent eigenster regards   Registered Agent eigenster regards   Registered Agent			
ITTLE MGR ITTLE ADDRESS ATTRET ADDRE	· <u>····</u> ·······························		
NAME   ALEXANDER, JOHN R   NAME     STREET ADDRESS   122 E. TILLMAN AVENUE   STREET ADDRESS     LAKE WALES, FL 33853   CITV-ST-2P     ITTLE   Delete   ITTLE     WAME   STREET ADDRESS   CITV-ST-2P     ITTLE   Delete   ITTLE     WAME   CITV-ST-2P   CITV-ST-2P     ITTLE   Delete   ITTLE     WAME   CITV-ST-2P   CITV-ST-2P     ITTLE   Delete   ITTLE     WAME   STREET ADDRESS   CITV-ST-2P     ITTLE   CITV-ST-2P   CITV-ST-2P     ITTLE   STREET ADDRESS   CITV-ST-2P     WAME   STREET ADD			
ITTLE     Delete     ITTLE     IDelete     ITTLE       NAME     STREET ADDRESS     CTY-ST-ZP     IDelete     ITTLE       ITTLE     IDelete     ITTLE     IDelete     ITTLE       NAME     IDelete     ITTLE     IDelete     IDelete     ITTLE       NAME     IDelete     ITTLE     IDelete     ITTLE     IDelete	Addition		
ITTLE     Delete     ITTLE     Change       NAME     STREET ADDRESS     CITY-ST-ZIP     CITY-ST-ZIP       ITTLE     Delete     ITTLE     CITY-ST-ZIP       ITTLE     Delete     ITTLE     CITY-ST-ZIP       STREET ADDRESS     CITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP       ITTLE     Delete     ITTLE     CITY-ST-ZIP       STREET ADDRESS     STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP       ITTLE     Delete     ITTLE       NAME     STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     Delete     ITTLE       NAME     STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     Delete     ITTLE       NAME     STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP	Addition		
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ITTLE Change	Addition		
NAME       NAME         ITREET ADDRESS       STREET ADDRESS         XTY-SI-ZIP       CITY-SI-ZIP	Addition		
11. 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 infinitiated 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 limited liability company or the receiver or trustee enpowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4/20/05 863-679-93	r of the		

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