2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

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City & State A FER Number of 1-0683617 Not Applied For Not Applied For Status Believe Status	2. Principal P	lace of Business	-3. Mailing Address	20 e _{k+ ζ} ξ	e Principal (not be the principal of th			15))	
Zip Country Zip Country S. Certificate of Status Desired S.5.0 Assistant S. Certificate of Status Desired S.5.0 Assistant S. Certificate of Status Desired S. Certificate o	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042005	Chg-LLC	CR2E083 (10/03)	
20 Country S. Certificate of Status Desired S. S. 5.00 Additional Fee Required 8. Name and Address of Curront Registered Agent 7. Name and Address of New Registered Agent 10 Jame	City & State		City & State	- City & State			 17	 -	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUTCH_LEFFREY A P A TYTO GLADES ROAD, SUITE 300 OCA RATON, FL 33434 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida Status. Interest Control of Plant Interest Con	Zip	Country	Zip	Country	,		· 15	□ \$5.00 Ad	ditional
Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State or Florida. I am familiar with, and acceptable or registered agent, or both, in the State or Florida. I am familiar with, and acceptable or registered agent, or both, in the State or Florida. I am familiar with, and acceptable or Florida before or registered agent, or both, in the State or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida before or Florida. I am familiar with, and acceptable or Florida status. Make Make Make Make Make Make Make Make		5. Name and Address of Curr	ent Registered Agent			7. Name and Add	iress of New Re		
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. It am familiar with, and accept the obligations of registered agent. GNATURE Filling Fea is \$50.00 Make chack payable to Florida Department of State Filling Fea is \$50.00 Make chack payable to Florida Department of State MANAGING MCMSERS / MANAGERS 10,	7777 GLÁI	DES ROAD, SUITE 300		St	reet Address (P.O. Box Number is			
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OH AUTHORIZED REPRESENTATIVE Dáis Dayarg Progre #	limited lia	URE:	ustee empowered to execute this	Joel L	uired by Chap	n, Mang. M	ember 4/2	2/05 561-99	