2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L02000009	623				04-12-2004	90024 00)5 ****5().00	
Principal Place 5160 BROOK FORT MYERS	(RD.	Mailing Address 5160 BROOK RD. FORT MYERS, FL 33905	200 10			240	39690	S		
2. Principal P	lace of Business EGHAW	3. Mailing Address 1512 SE 62	IS AVE							
Suite, Apt.		Suite, Apt. #, etc.			03092004	Chg-LLC	CR2E0	83 (10/03)	alian Fan	
CAPC C	ORAL, FL.	CAPE CORAL 1	7		4. FEI Number 32-001			No	plied For t Applicable	
33990	Country	33990	Country		9	of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Name,		7. Name and	Address of New	Registered A	igent .		
VAHAUE, DONALD L 5160 BROOKS RD.			t	Street Address (P.O. Box Number is Not Acceptable)						
	ERS, FL 339		151	1512 SE 6# AVE.						
			C Af	CAPC CORAL FL 33990						
8. The above the obligat	named entity submits this statement fo lons of registered agent	the purpose of changing its re	gistered office or	r registere	ed agent, or bo	th, in the State of F	lorida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed of printed name of registered agent	lative Doi	PAUS (egistered Agent signati	V	AHUC	4)4···	<u> </u>	
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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 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 tiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD L. VALUE 4-8-04 339 573 5977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Desprince Priore #