2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 08:00 AF Secretary of State

DOCUMENT # L02000013033							Secretary of State				
1. Entity Nar			3033				Sec	cretar	y 01	State	
Principal Place of Business			Mailing Address			4					
3950 RCA BLVD.			3950 RCA BLVD.								
5000			; 5000								
PALM BEACH GARDENS, FL 33410			PALM BEACH GARDENS, FL 33410								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt #, etc.			Suite, Apt. #, etc.			01172006	Chg-LLC	CR2E08	3 (11/05)		
City & State			City & State			4. FEI Num NOT A	ber APPLICABLE			pplied For ot Applicable	
Zip	Country		Zip Count		ntry	5. Certificate of Status Desired South Status Desired South See Required					
	6. Name	e and Address of Currer	nt Registered Agent			7. Name ar	nd Address of New I	Registered A	gent		
CARV IC	NUN1 147 111		1		Name						
GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A. 701 U.S. HWY. ONE, STE. 402			4 1 1	Street Address			ber is Not Acceptabl	e)			
N. PALM BEACH, FL 33408									-1		
			<u> </u>		City			FL	Zıp Cod		
8. The above the obliga	e named entit itions of regis	y submits this statement tered agent.	for the purpose of changing i	ts register	ed office or register	red agent, or b	ooth, in the State of FI	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed marne of registered age	nt and title if applicable (NC	TE. Registere	d Agent signature required	when reinstating)		DATE		y 24 .	
	filing Fee i lue by Ma						l .	e check pa a Departme	•	e	
9.		MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM		☐ Delete	TITU	E				Change	Addition	
NAME	BILLS, JOHN C		, NAME		I		HOOOO)549438			
STREET ADDRESS 3950 RCA BLVD. #5000 CITY-ST-ZIP PALM BEACH GARDENS, FL 33			STREET ADDRESS 3410 CITY-ST-ZIP				05/13/06-	-80020-(013 50	.00	
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STREET ADDRESS CITY-ST-ZIP	}			CITY-	ET ADDRESS -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 cath; that I am a managing member or manager of the limited liability company or the receiver or trusfee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNAT	1105/		TOHA	(B)	LGC	4	25/06	561-1	627-	755/	
UNITEDIO	SIGNATURE	NO TYPED ON PRINTED NAME:	OF SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRESE	NTATIVE	Dale		ime Phone #		