2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State

03-25-2005 90134 029 ****50 00

1. Entity Nam	MENT # L020000156					03-25-2003	5 901 34 029	3	0.00
Principal Place of Business 8902 NORTH DALE MABRY #103 TAMPA, FL 33614-1579		Mailing Address 8902 NORTH DALE MABRY #103 TAMPA, FL 33614-1579			مر. د. د. الما الما الما الما الما	11 (18 (18 (18 (18 (18 (18 (18 (18 (18 (AUV₽3 	. * .	 •
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212005	Chg-LLC	CR2E083 (1	0/03)		
City & State		City & State		4. FEI Number 01-0725			_	plied For t Applicable	
Zip Country		Zip	Country		5. Certificate of	of Status Desired		O Add	
	6. Name and Address of Current F	Registered Agent		N 1	7. Name and	Address of New R	legistered Agent		
SPIEGEL & UTRERA, P.A.			_	Name C.B. Williams					
1840 SW 22ND ST. 4TH FLOOR				Street Address	(P.O. Box Numbe	is Not Acceptable	MABRY	*	103
MIAMI, FL 33145				Y			· · · · · · · · · · · · · · · · · · ·		
					TAMPA			15 Code	ો <u>ર્</u> ય
the obligat	a named entity submits this statement for tions of registered agent. X Signature, typed or printed name of registered agent ar	lian	<u> </u>	ad office or registe		n, in the State of Fic	S/Z3/C	er with, a	and accept
	······	(to)		o wgent signature require	o when reinstating)	31-41-13 <u>1</u>	- DATE V		·, · · ·
	iling Fee is \$50.00 ue by May 1, 2005	The in approach.		o vigant signature require	o when reinstating)		e check payable Department o		
	iling Fee is \$50.00		10.	o Agent signatura raduta	o when reinstating)		e check payab a Department o		***************************************
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER		10. 111LE		o when reinstating)	Florida	e check payab a Department o /CHANGES		Addition
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/05 813-933-067