

FILED
May 01, 2006 8:00 am
Secretary of State

DOCUMENT # L02000018369



Mailing Address
4748 CHAMPIONSHIP DRIVE
NAPLES, FL 34114

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2373674

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required- _____

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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 Delete

☐ Delete☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 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:

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

Date _____

Daytime Phone #