

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # L02000018489

Mailing Address  
1061 COLLIER CENTER WAY, SUITE 5  
NAPLES, FL 34110

### 3. Mailing Address

Suite, Apt. #, etc.

No suite no.

City &amp; State

Country

Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
57-1160597

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 Don E. Lester

Street Address (P.O. Box Number is Not Acceptable)  
1061 Collier Center Way

no suite no.

City **Naples**

FL

Zip Code  
34110

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10.	ADDITIONS/CHANGES
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TITLE	Executive Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Don E. Lester		
STREET ADDRESS	1061 Collier Center Way		
CITY-ST-ZIP	Naples, FL 34110		

TITLE	Managing Member & Pres.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Alvin C. Ericson		
STREET ADDRESS	24770 Lyonia Ln.		
CITY-ST-ZIP	Bonita Springs, FL 34134-7941		

TITLE	Managing Member & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey M. Walker
STREET ADDRESS	3331 Waverly Dock Rd.
CITY-ST-ZIP	Jacksonville, FL 32223

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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:**

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_