## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PE

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1. Entity Nam	MENT # L020000282	244				SECRE FA DIVISION OF <b>05 JUN 2</b>	CORPO	RATION	IS
Principal Plac		Mailing Address	CTE 200	WE TRE					
	N BLVD., STE. C-9 CH, FL 33444	1000 MARKET STREET, STE 300 PORTSMOUTH, NH 03801			REIJE (1811 BAIM ABM BAI	11 <b>66</b> 11 <b>8</b> (1881) 180		<b>FT:</b> 151 ( <b>FT</b> )	
2 Principal C	Hope of Punisses	3. Mailing Address			~,~,				
2. Principal Place of Business  1001 E. Atlantic Blvd.		1000 Market Street Suite, Apt. #, etc.							
Suite, Apt. #, etc.		Building One			06172005	Chg-LLC	CR2E08	33 (10/03)	
Suite 202 City & State		City & State			4. FEI Numbe	ar		I IAn	plied For
Delray Beach, FL		Portsmouth. NH			16-163				t Applicable
Zip 33483	Country USA	Zip	Country USA			of Status Desired		55.00 Add	
***	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New R	legistered A	gent	
			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street	Address (i	ddress (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									
						Mak	e check na	vshie to	
A	mended AR is \$50.00						e check pa a Departme	•	•
<b>A</b> .	mended AR is \$50.00  MANAGING MEMBER	IS/MANAGERS	10.				a Departme	•	<b>3</b>
9.	MANAGING MEMBER	IS/MANAGERS	10.	<u> </u>		ADDITIONS	Departme	Change	☐ Addition
9. TITLE NAME	MANAGING MEMBER MGR ADE, RICHARD C		TITLE NAME	<u> </u>		ADDITIONS	Departme	Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR ADE, RICHARD C 1000 MARKET STREET		TITLE NAME STREET ADDRESS	<u> </u>		ADDITIONS	Departme	Change	Addition
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Richard C. Ade, Manager 6/20/05 (603) 559-2100

INTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day United Priore #