SENT BY: HITCO, LTD.; 516 334 4938; APR

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 026 ****55.00

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DOCUMENT # L02000032950

1. Entity Name

CHMD, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2840 NW 2nd Ave.	2840 NW 2nd Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt #, etc. Suite 200
City & State Boca Raton, FL.	City & State Boca Raton, FL.
Zip 33431 / Country USA	Zip 33431 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0582265 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Donald J. Thomas, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1200 North Federal Highway, Suite 312

City: Boca Raton FL Zip Code: 33432

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. MANAGING MEMBERS / MANAGERS

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	MGRM Michael James Hertzberg 2840 NW 2nd Ave. Suite 200 Boca Raton, FL. 33431
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
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TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CRZE033B (12/02)

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: _____ 4-28-03 561-393-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #