FILED Apr 30, 2004 8:00 am Secretary of State

2004	LIMITED	LIABILI [.]	TY CC	MPA	NY
	ANNU	JAL REP	ORT		

1. Entity Name	MENT # L030000006 trgage, llc) 4				04-30-2	200190071	010	30.00
Principal Place 8946 MUSTA NAPLES, FL	NG ISLAND CIRCLE	Mailing Address 8946 MUSTANG ISLAND NAPLES, FL 34113	CIRCLE	****			44 0	ነዕሀ ሰ	ΊĮ
2. Principal Pl		3. Mailing Address 450/ Ta w Suite, Apt. #, etc.	iani	Tr	04252004	Chg-LLC	CR2E083	(10/03)	
City & State	31	City & State	300		4. FEI Numb	er			olied For
Nap	les FL Country	Naples	Country		65-		¢5	Not	Applicable
34/1	3	34103				of Status Desired	□ Fee	Required	
	6. Name and Address of Current F	egistered Agent	Name		7. Name and	Address of New I	Registered Age	nt	
COLEMAN, KEVIN G 4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103			Street	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office	or register	ed agent, or bo	oth, in the State of F		liar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: (Registered Agent sign	nature required	when reinstating)		DATE		
	organico, que o principilita de la companya de la c				•				
	ling Fee is \$50.00 ue by May 1, 2004						ke check paya la Department		
9.	MANAGING MEMBER		10.	10-	ector	ADDITIONS	CHANGES		
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