2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Jul 05, 2007 8:00 am Secretary of State 07-05-2007 90154 017 ****50.00

DOCUI 1. Entity Nam RACHRIE	ne	#L030000076	618			07-03-2007	20134 017	3	0.00	
Principal Place of Business 2384 SADLER ROAD FERNANDINA BEACH, FL 32034			Mailing Address PO BOX 16569 FERNANDINA BEACH, FL 32034		!	III ROIGO IKII BOKI ODIII OOII	† 81711 CEUN (1810 BUR			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07022007	Chg-LLC	CR2E083 (1	2/06)	
City & State			City & State			4. FEI Numb 56-23			—	opiied For ot Applicable
Zip	Country		Zip Country		try	5. Certificat	e of Status Desired		0 Add Required	
	6. Name	and Address of Current R	Registered Agent		7. Name and Address of New Registered Agent Name					
SHEFFIELD, GEORGE W SR										
2384 SADI FERNAND		D CH, FL 32034			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. 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										
	Signature, typeo	Or princed reasing or register act agent at	TO the Kappicable (NO)	ic negistere	a Agent signature required	WHO HOUSERY)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007								e check payabl Department o		•
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	·	☐ Delete	TITLE	l			c	hange	☐ Addition
NAME CTOSST ADDOSSES		LD, GEORGE W SR.	74 6		E ADDRECC					
STREET ADORESS CITY-ST-ZIP		NORY DR- JP 5 DINA BEACH, FL 32034			ET ADDRESS - ST - ZIP					
TITLE	MGRM		☐ Delete	TITLE					hange	Addition
NAME STREET ADDRESS	-0074.			MAM	E E1 ADDRESS					
CITY-SI-ZIP	•				-ST-ZIP					
TITLE			☐ Delete	TITLE				C	hange	☐ Addition
NAME CARSET ADDRESS				NAMI						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP					
TITLE			☐ Delete	TITLE				C	hange	☐ Addition
NAME				NAMI						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP					
TITLE			Delete	TITLE				C	hange	Addition
NAME				NAM					-	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP			☐ Delete	TITLE	-S1-ZIP				hande	☐ Addition
NAME			□ Celete	NAME					wige	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZiP					-ST-ZIP					
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.										

Date

Daytime Phone #