FILED Mar 05, 2004 8:00 am Secretary of State

								02-06-200)4 901 <i>6</i>	5 009 ***	**50.00	
1. Entity Nam	ne e	# L030000136 CAPITAL GROUP					J4 UU			30.00		
Principal Plac	a of Business	· · - · - · - · - · · - · · · · · · · ·	Mailing Address		·			0400				
Principal Place of Business Mailing Address 625 NORTH FLAGLER DR., STE. 509 625 NORTH FLAGLER DR. WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 3							4 *10 T T 1 1	1) BB18 & 1911 & 2716 BB21 & 2717	I ZENIN NESE I	was talia sease di	- ET1 (() 18 P1	
2. Principa) Place of Business 3. Mailing Address								<u>y 1,116 inu 6431 1,111 dili</u>	63 4 1013			
Suite, Apt. #, etc. Suite, Apt. #, etc.							01302004	Chg-LLC	CR2E0	083 (10/03)	- 	
City & Stat	te		City & State				4. FEI Numi	<u>067640</u>	_	No	plied For t Applicable	
Zip Country			Zip Country				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										Agent		
GERBON, GARY N 1645-PALM BEAGH LAKES BLVD., GTE. 1200 WEGT PALM BEAGH, EL 80401					Name ZANALDI, DAVIO G Street Address (P.O. Box Nurhiper is Not Acceptable) Strice 509 City WEST Palm BEAL FL Zip Code (City WEST Palm BEAL FL)							
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	Signed System	or printed name of registered actions	nd title of applicable. (NOTE	: Requetore	d Agent signatu	re required	When reinstating)		DATE	160	,	
Filing Fee Is \$50.00 Due by May 1, 2004					•					ayable to sent of State	,	
<u></u>		MANAGING MEMBER	S /MANAGERS	10.				ADDITIONS/	CHANGES			
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11. I hereby	certify that the	information supplied with	this filing does not qualify for	the exe	motion stat	ed in Se	ction 119.07(3	(i), Florida Statutes. I	further cer	tify that the in	formation	
indicated limited lis	on this reportability compan	t is true and accurate and t ly or the rec <u>ei</u> yer or trustee	that my signature shall have empowered to execute this	me sami report as	s lednited p	y Chapi	er 608, Florida	n; unai i air) a manag صحے	× o memoe	or manage	CHICK	
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SIGNATURE: Kalen Wiffare 2-2-07												