## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 31, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L03000017			01-31-2005 90198 009 ****50.00				
Principal Plac	e of Business	Mailing Address		•	1			
	MI TRAIL, STE. P .OTTE, FL 33952	2811 TAMIAMI TRAIL, S PORT CHARLOTTE, FL					· r	
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numbe	8 <del>430</del> 56-09	)	pplied For
Zip	Country	Zip	Country				\$E 00 .	ot Applicable
					<u> </u>	of Status Desired	Fee Requir	
	6. Name and Address of Current	Registered Agent	Nam	16	7. Name and	Address of New R	legistered Agent	
HOLMES, DAVID A ESQ FARR, FARR, EMERICH, SIFRIT, ET AL 1 99 NESBIT STREET					P.O. Boy Numb	er is Not Acceptable	2)	
			3(18)	er wani 422 (	r .O. BOX INUINDI	a is Not Acceptable	<del>-</del> )	
PUNTA GORDA, FL 33950-3636								
			City				FL Zip Co	de
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered offic	e or register	red agent, or bo	h, in the State of Fig	orida. I am familiar with	, and accept
	· ·		-	•				
SIGNATURE								
	Signature, typed or printed name of registered agent a		Registered Agent s	3			DATE	
		Florida Pain		3				
Fi	iling Fee is \$50.00 ue by May 1, 2005	Florida Paino Closed June	Caveul 2 1 20	tants			DATE e check payable to a Department of Sta	le
D	iling Fee is \$50.00 ue by May 1, 2005	Florida Pain Closed Jun No longer	Consul 2 1, 20 doins	tants 04		· Florida	e check payable to a Department of Sta	ite
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9. TITLE	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBE MGR ADDONIZIO, MARK  2811 TAMIAMI TRAIL	Florida Pain Closed Juna NO longer RS/MANAGERS	Cover) 2 / 20 40ive 10.	tants 04 busi	vees	· Florida	e check payable to a Department of Sta	
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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:	Mark Addovizi	0 1-18-05	941-629-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR	AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #