## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 08, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # L030000209	911				0031 014 ****50.	
Principal Place	e of Business	Mailing Address					
3120 S.W. NUTLEY ST 3120 S.W. NUTLEY ST					2	0019401	
PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953			3		۵	OOTOTOT	
•					NEW ARTHUM NOTH MARTING OF THE	00110 JERIA WENIN INIST HINET HEN	FE1 111 (1821
2. Principal Place of Business 3. Mailing Address				<del>_</del>			
971 SW Kappa Ave 971 SW			adaa Atu	دا ۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱	GIGO INITI GRAN EDIN BENL		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	03012005	Chg-LLC	CR2E083 (10/03)	
					<del>-</del>	<del>`,`</del>	
City & State	Flurio Fi	City & State	(ie I)	4. FEI Number 14-1886		<del> </del>	plied For t Applicable
Zip .	Country	7in	Country - A		<del></del>	\$5.00 Add	
2499	53 1 13 SA -	34953	TU SA	5. Certificate o	f Status Desired	Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New Re	egistered Agent	
Name Kewin Golding							
HUSTON, STEPHEN P				ddress (P.O. Box Number is Not Acceptable)			
17883 38TH LANE NORTH LOXAHATCHEE, FL 33470				1 SW Ka		<u>jē                                  </u>	
					•		
			City 🕡	4571	ucia	FL Zig Codi	nc2
8 The above	named entity submits this statement for	the nurnose	istered office or regi	stered agent or both	in the State of Flor		and accent
8. The above named entity submits this statement for the purpose 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 3205							
SIGNATORE Signature, typed or printed name of registered gent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE							
Filing Fee Is \$50.00 Due by May 1, 2005						check payable to Department of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE	MGRM	Defete	TITLE			☐ Change -	☐ Addition
NAME	STEPHEN, HUSTON P	7,500.0	NAME				- <del>-</del>
STREET ADDRESS	17883 38TH LANE NORTH		STREET ADDRESS				
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP				<u></u>
TITLE	MGRM	☐ Delete	TITLÉ			☐ Change	☐ Addition
NAME	KEVIN, GOLDING L		NAME OVERSET ARRESTO				
STREET ADDRESS CITY+ST-ZIP	3120 S.W. NUTLEY ST. PORT ST. LUCIE, FL 34953		STREET ADDRESS CITY-ST-ZIP				
TITLE -	r =	Delete	TITLE	<del>-</del>		☐ Change	☐ Addition
NAME	<b>S</b> .	☐ Delete	NAME			<b>,</b> -	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	,		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
		☐ Delete	TITLE			☐ Change	Addition
TITLE NAME		☐ Delete	NAME			C Change	
STREET ADDRESS			STREET ADDRESS				
CITY+ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			- Change	☐ Addition
NAME *		_	NAME			• •	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			* al	4
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 the cute this report as required by Chapter 608, Florida Statutes.							

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE