

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90079 020 ****50.00

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01192006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000027392 1. Entity Name CHHS INVESTMENTS, LLC					
Principal Place of Business 255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801			Mailing Address 255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801		
2. Principal Place of Business 420 South Orange Avenue		3. Mailing Address Post Office Box 231			
Suite, Apt. #, etc. Suite 1200		Suite, Apt. #, etc. 			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 55-0842492	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTIANSEN, PATRICK T 255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Patrick T. Christiansen Street Address (P.O. Box Number is Not Acceptable) 420 South Orange Avenue, Suite 1200 City Orlando FL Zip Code 32801		
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 1-30-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> Patrick T. Christiansen					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, DOUGLAS P 5511 HANSEL AVENUE ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CH ENTERPRISES, LLC 255 SOUTH ORANGE AVENUE, 17TH FLOOR ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR CH Enterprises, LLC 420 South Orange Avenue, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:			1-30-06 407.418.4583		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		