2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2006 8:00 am Secretary of State 02-06-2006 90171 033 ****50.00

2-2-06

1. Entity Nam	MENT # L03000027			02-06-2006 90171 033 ****50.00					
Principal Place of Business 4626 E. HWY 60 VALRICO, FL 33594		Mailing Address 420 N. BRANDON BLVD. STE. 202 BRANDON, FL 33511			()				
2. Principal Place of Business		3. Mailing Address / LO EAST							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012006 Chg-LLC CR2E083 (11/05)				
City & State		Chy. 8 Spate PAIRED, F			4. FEI Numb			No	plied For t Applicable
Zip	Country	33544	55344 Hill		1	e of Status Desired	☐ Fee R	O Add	
	6. Name and Address of Current		Name /	7. Name and	d Address of New R	egistered Agent			
MCANNALLY, WILLIAM H IV 420 W. BRANDON BLVD STE. 202 BRANDON, FL 33511				Street Address (P.O. Box Numb	per ja filot Acceptable)7.		
BKANDO	1, FL 33011			City —	- 0.4		FL Zi	ip Gode	÷ ,, /
8. The above named entity supports this statement for the purpose of changing its				ed office or register	red agent, or bo	oth, in the State of Flo	<u> </u>	<i>Y Y/</i> r with,	and accept
the obligations of registered agent. SIGNATURE Significantly open of printed name of registered Agent and title if applicable) (NOTE: Registered Agent significant when respecting) DATE									
Filing Fee is \$50.00 Due by May 1, 2006						I	e check payabl a Department of)
9.	MANAGING MEMBE		10.			ADDITIONS/			T Augustee
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUNTRYWIDE TITLE COMPANY 1626 E. HWY 60 VALRICO, FL 33594						a	hange	☐ Addition
TITLE Name Street address City-St-Zip	MGR CUPPETT, LARRY E 420 W. BRANDON BLVD. BRANDON, FL 33511		NAME Strei	TITLE NAME STREET ADDRESS CITY-ST-2IP			□ α	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, LIVIA J 1626 E. HWY 60 VALRICO, FL 33594	☐ Delete					<u> </u>	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCANNALLY, WILLIAM H IV 420 W. BRANDON BLVD. STE. 2 BRANDON, FL 33511	Delete 202		i i			<u> </u>	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete					<u> </u>	ange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					<u>□</u> d	tange	Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	e legal effect as if m	nade under oatl	h; that I am a managi	rther certify that the jing member or m	he infor	mation r of the