


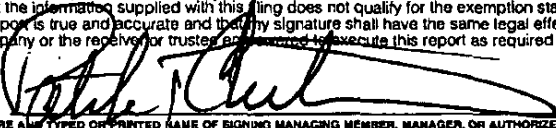
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-20-2004 90123 040 ****50.00

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|---|---------------------------------|---------------------|---|---|--------------------------------------|-------------|----------------|
| DOCUMENT # L03000028922 | | | |  | | | |
| 1. Entity Name CH2 ENTERPRISES, LLC | | | | | | | |
| Principal Place of Business 255 SOUTH ORANGE AVE, STE 1700 ORLANDO, FL 32801 | | | Mailing Address 255 SOUTH ORANGE AVE, STE 1700 ORLANDO, FL 32801 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 02112004 Chg-LLC CR2E083 (10/03) 4. FEI Number 56-2384083 <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table> | | Applied For | Not Applicable |
| Applied For | Not Applicable | | | | | | |
| 6. Name and Address of Current Registered Agent | | | 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 AVE, STE 1700 ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent | | | | |
| | | | Name | | | City | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | Zip Code | |
| | | | City | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | | NAME | Manager | | | | |
| STREET ADDRESS | | STREET ADDRESS | Douglas P. Hooker | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 5511 Hansel Avenue Orlando, Florida 32809 | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Manager | | | | |
| NAME | | NAME | CH Enterprises, LLC | | | | |
| STREET ADDRESS | | STREET ADDRESS | 255 South Orange Avenue | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Orlando, Florida 32801 | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |
| 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, trustee, or authorized representative of this report as required by Chapter 608, Florida Statutes. | | | | | | | |
| SIGNATURE:  | | | Date: 2-15-04 | | Daytime Phone #: 407-419-8545 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | |