


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000028922 1. Entity Name CH2 ENTERPRISES, LLC	
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Principal Place of Business 420 SOUTH ORANGE AVE, STE 1200 ORLANDO, FL 32801	Mailing Address P.O. BOX 231 ORLANDO, FL 32801-0231
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**DO NOT WRITE IN THIS SPACE**



01212007No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2384083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSEN, PATRICK T  
 420 SOUTH ORANGE AVE, STE 1200  
 ORLANDO, FL 32801

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

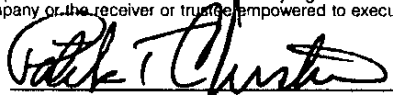
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, DOUGLAS P 5511 HANSEL AVENUE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CH ENTERPRISES, LLC 420 SOUTH ORANGE AVE, SUITE 1200 ORLANDO, FL 32801
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U00000603024  
 01/26/07-80114-023 50.00

**DO NOT WRITE IN THIS SPACE**

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:  1/22/07 407.423-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #