


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000028922

1. Entity Name
CH2 ENTERPRISES, LLC



Principal Place of Business
**420 SOUTH ORANGE AVE, STE 1200
 ORLANDO, FL 32801**

Mailing Address
**P.O. BOX 231
 ORLANDO, FL 32801-0231**

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2384083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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 01/17/08-80075-001 138.75

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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: *Patrick T. Christiansen* **1-10-08** **407-419-2545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Patrick T. Christiansen