2007 LIMITED LIABILITY COMPANY

FILED Apr 16, 2007 8:00 am

	ANNOAL	REPURI		Connotary of Ctata		
1. Entity Nan	MENT # L03000029	646		Secretary of State 04-16-2007 90348 027 ****50.00		
Principal Plac	ce of Business	Mailing Address				
22103 68TH AVENUE EAST BRADENTON, FL 34211		22103 68TH AVENUE EAST BRADENTON, FL 34211				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312007 Chg-LLC CR2E083 (12/06)		
City & State		City & State		4. FEI Number Applied For 51-0481831 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired 5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
	OYCE N TH AVENUE EAST TON, FL 34211		Name Packe, Richard R 3r. Street Address (P.O. Box Number is Not Acceptable)			
			l City	radenton FL Zip Gode		
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 Rechard R. Papele 1. 4-13-07 Signature, typed or prefer harme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS	PAPKE, JOYCE M 22103 68TH AVENUE EAST	D ociete	TITLE NAME STREET ADDRESS	Papke Richard ETry addition Day's 68th Ave East		
CITY+ST-ZIP	BRADENTON, FL 34211	☐ Delete	CITY-ST-ZIP	Bradenton, Fl 34211		
NAME STREET ADDRESS CITY+ST-ZIP	PAPKE, RICHARD R JR 22103 68TH AVENUE EAST	∟ Delαe	NAME STREET ADDRESS	Change Addition		
TITLE NAME	BRADENTON, FL 34211	☐ Delete	CITY-ST-ZIP ITTLE NAME	☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CATY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZEP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE	 			······································		

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: Richard R. Pash L	3/31/07	941-219-9421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone ∉

CITY-ST-ZIP