2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 24, 2006 8:00 am

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2. Principal Place of Business		3. Mailing Address				7.20 K					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			03132006	Chg-LLC		CR2E	083 (11/05)
City & State		City & State	City & State			4. FEI Number 43-2032144				F	pplied For lot Applicable
Zip	Country	Zip	Countr	y			e of Status De	sired		\$5.00 Ad Fee Require	iditional ed
6	. Name and Address of Curr	ent Registered Agent				7. Name an	d Address of	New Re	gistered	Agent	
LEWIS, CHRISTOPHER R				Ņame C	446	22E3 U	U. PIRE	Z			
2582 S. MAGUIRE RD				Street Addr	ress (F	.O. Box Numb	per is Not Acce	ptable)	<u> </u>		
#175 OCOEE, FL 3	F		02), MF	TOUILE	14	U #	1/3			
OCOLE, IL 3	4101			A:-							
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 The above named the obligations of the obligations. 	ed entity submits this statemen of registered agent.	it for the purpose of changing its	registered	office or re	gistere	ed agent, or be	oth, in the State	of Flori	da. I am	familiar with	, and accept
SIGNATURE	There-							-		1 =81 2	
SignATURE Signal	tire, typed or printed name of registered ac	gent and title if applicable (NOTE	E: Registerea	Agent signature n	equired v	when reinstating)	The man		-201-	<u>-06</u>	11. 1 .
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9.	MANAGING MEN	IBERS/MANAGERS	10.				ADDIT	IONS/C	HANGES	ing production in	THE PROPERTY AND ADDRESS OF CO.
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11. I hereby certify t	hat the information supplied wi	th this filling door and accept	CITY-ST	,					<u>.</u>		_
indicated on this limited liability of	report is true and accurate an	ith this filling does not qualify for the that my signature shall have the empowered to execute this re	ne exemp ne same le	tions contain gal effect as	ned in s if mad	Chapter 119, de under oath:	Florida Statute	s. I furth	er certify t	hat the infor	rmation
	- The receiver or trust	to that my signature shall have the see empowered to execute this re	eport as re	quired by Ch	hapter	608, Florida S	statutes.	ariugiit <u>g</u>	THE HIDE	or manager	or the
SIGNATURE: 3-20-06 407-903-16011											
SIGHA	ATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MANA	GER OF ALC	MOBIZED SC		<u>ر</u>		-	407	-903-1	994
					LESENT/	AINE	Date	-		time Phone #	