2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 08, 2004 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam BENDER	RESIDEN	# L030000377		07-08-2004 90011 030 ****50.00						
7940 MANDA BOCA RATON			Mailing Address 7940 MANDARIN DRIVE BOCA RATON, FL 33433						18811 88111 8181	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142003	Chg-LLC	CR2E083	(10/03)	
City & State			City & State			4. FEI Numbe	ır			plied For t Applicable
Zip :	•		Zip			5. Certificate of Status Desired 55.00 Additional Fee Required				
	6. Name a	and Address of Current R	7. Name and Address of New Registered Agent Name							
	ROBERT F					(P.O. Box Number is Not Acceptable)				
	TON, FL 33		Stock Address (1.5. Dox Number 5 Not Acceptable)							
,					City				Zip Code	
8. The above	named entity	submits this statement for		or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fillng Fee Is \$50.00 Due by September 8, 2004								check pay Departmen		
9.		MANAGING MEMBER		1		ADDITIONS/				
, TITLE NAME	MGRM BENDER, F	RÓBERT F SR.	☐ Delete TITLE NAME				•		Change	Addition
STREET ADDRESS CITY-ST-ZIP		DARIN DRIVE ON, FL 33433			ET ADORESS -ST-ZIP					
TITLE	BOCK RAT	O14, FL 33433	☐ Delete	TITL					Change	Addition
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CITY-ST-ZIP					-ST-ZIP		•		. , , .	
JITLE JITLE			☐ Delete	TITLE					Change	Addition
STREET ADDRESS	(1			STRE	ET ADDRESS			• ••		
CITY-ST-ZIP	pertify that the	information eupplied with t	hie filing does not qualify for		-ST-ZIP	otion 110 07/01/) Florido Statutos 1	further care	that the '-	dormatic=
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										