## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## Apr. 28, 2005 08:00 AM Secretary of State **DOCUMENT # L03000041796** CHW, LLC Principal Place of Business Mailing Address 118 AVENIDA MENENDEZ 118 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WHITE, CATHERINE H 118 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084 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, typed or printed name of registered agent and litle if applicable. (NOTE Registered Agent signature regulaed when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME WHITE, CATHERINE H 118 AVENIDA MENENDEZ STREET ADDRESS ST. AUGUSTINE, FL 32084 CITY - ST - ZIP TITLE 000000339867 04/28/05-80094-009 50.00 NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability co

**FILED** 

Daytime Phone #