2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 20, 2004 8:00 am Secretary of State

ANNUAL REPORT						Secretary or State			
1. Entity Name	e :	# L030000428	304					0055 011 ****50	
Drive in al Place of Business			Mailing Address		14026327				
Principal Place of Business			2790 KINGS LAKE BLVD		14020027				
2790 KINGS LAKE BLYD Unit 201			UNIT 201						
NAPLES, FL 34112			NAPLES, FL 34112			<u></u>			
74.4 223,72 3 11.2									
2. Principal Place of Business			3. Mailing Address				<u> </u>		
<u> </u>					1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07122004	Chg-LLC	CR2E083 (10/03))	
			City & State		4, FEI Numbe			Applied For	
City & State			Oily & State		43-	2035834		lot Applicable	
Zip	Zip Country		Zip		itry	T		\$5.00 4	
2.10	Country		2.5		5. Certificate	of Status Desired	Fee Requir		
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered Agent	
			· · · · · · · · · · · · · · · · · · ·		Name				
BAVIELLO, MICHAEL A JR. ESQ					0	(DO Day Ali cabo	r is Not Acceptable		
1025 FIFT			*		Street Address	(P.O. BOX Numbe	r is not acceptable	,	
NAPLES, F	FL 34102								
I	4	•			- Cit			— 17:- 0-	40
	1				City			FL Zip Co	ae
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or both	h, in the State of Flo	rida. I am familiar with	n, and accept
the obligati	ions of regis	tered agent.							
SIGNATURE .		· _ · ·							
0.074.10112	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	10.4
		s \$50.00 nber 8, 2004					Makı Florida	W 1.	
9.		MANAGING MEMBE		10.			ADDITIONS/		
TITLE	MGRM :	,	☐ Delete	TITL				Change	☐ Addition
NAME	1	CE, DONALD	10.4	NAM					
STREET ADDRESS		GS LAKE BLVD, UNIT 2	201		ET ADDRESS '- ST-ZIP				
CITY-ST-ZIP	NAPLES	FL 34112					 		
TITLE	1.	L.	Delete	TITL				☐ Change	Addition
NAME				NAM	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP				
		·						Channe	Addition
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NAME) .		LJ Udidle	NAM	1				
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STREET AODRESS					EET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE			☐ Delete	TITL	E			Change	☐ Addition
NAME				NAM	IE				
STREET ADDRESS		,			EET ADDRESS				
CITY-ST-ZIP	<u></u>	<u> </u>			r-ST-ZIP			 	· · · · ·
11. I hereby	certify that th	e information supplied with	this filing does not qualify for that my signature shall have	r the exe	mption stated in S	Section 119.07(3)(i	i), Florida Statutes. I	further certify that the	information
indicated limited (ia	on tals repo	orthe true and accurate and iny or the receiver or thistes	that my signature shall have emplowered to execute this	report a	e regarenect as it s required by Cha	pter 608, Florida S	, maci am a manag Statutes.	and member or mende	yor or me
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