


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-14-2004 90279 031 ****50.00

DOCUMENT # L03000042895	
1. Entity Name CHDN PROPERTIES, L.L.C.	

Principal Place of Business 1815 S. KANNER HWY. STUART, FL 34994	Mailing Address 1815 S. KANNER HWY. STUART, FL 34994
--	--

34000011



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03052003 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0384520	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORMAN, KENNETH A 2400 S.E. FEDERAL HWY., FOURTH FLOOR STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____	Date <u>5/14/04</u>	Daytime Phone # <u>1732 281-2982</u>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

MAY-10-2004 15:53
MAY-10-2004 15:51

MEHLICH, ROEGIERS, GOLDIN
PHYS. TO WOMEN, P.A.

772 283 7446
772 288 2999

P.02/03
P.02



Attachment
34006817

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 30, 2004

CHDN PROPERTIES, L.L.C.
1815 S. KANNER HWY.
STUART, FL 34994

Subject: CHDN PROPERTIES, L.L.C.

Reference Number: **L03000042895**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/as

ANNUAL REPORTS SECTION

*According to TIC Division of Corps. must say
manager or managing member. Member is not
acceptable. If just a member should not be
on form. This has all come about since being
Privatized. TIC Gretchen @ above
5/11/04.*

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314

MAY-10-2004 15:53
MAY-10-2004 15:52


MEHLICH, ROEGIERS, GOLDIN
PHYS. TO WOMEN, P.A.

772 283 7446 P.03/03
772 288 2999 P.03

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/14/2004-90279-031-\$50.00-\$50.00

Attachment
34006817

DOCUMENT # L03000042895			
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Principal Place of Business 1815 S. KANNER HWY. STUART, FL 34994		Mailing Address 1815 S. KANNER HWY. STUART, FL 34994	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent NORMAN, KENNETH A. 2400 S.E. FEDERAL HWY., FOURTH FLOOR STUART, FL 34994		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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: <i>[Signature]</i> J.K. Clouser MD THE PHYSICIAN 8/4/04 Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Member J. Norman Clouser 95 S.W. Watercrest Way Stuart, FL 34994	
		Member Michael H. Hochman 1944 S.W. Winners Drive Tampa City, FL 34990	
		Member Peter H. Dayton 14 N.E. Palm Court Stuart, FL 34996	
		Member Diane S. Lee-Nunez 5067 S.W. Orchid Bay Drive Tampa City, FL 34990	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes. SIGNATURE: <i>[Signature]</i> 4/14/04 772/288-2992 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Signature Print Name			

Attachment
CHDN Properties, LLC
1815 Kanner Highway
Stuart, FL 34994

34006817

May 12, 2004

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: **L03000042895**

Dear Sir or Madam:

We respond to your letter of April 30, 2004, attached. A new 2004 Annual Report for CHDN Properties, LLC has been completed with the required corrections. The report was filed timely but with all Members listed rather than just the Managing Member. The Department of State is already in receipt of the required payment in the amount of \$50.

Please file the Annual Report and apply the payment previously received. Please contact us at your earliest convenience if any further information is required.

Sincerely,


Dr. Kent Clouser

/s/ 
Enclosures