2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # L03000043	3362				02-09-2006			0.00
Principal Place of Business 319 SPEYSIDE LANE APOPKA, FL 32712		Mailing Address 319 SPEYSIDE LANE APOPKA, FL 32712						1801 WE 1801	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-LLC	CR2E08:	3 (11/05)		
City & State		City & State		4. FEI Number 54-2132			⊢	plied For t Applicable	
Zip	Country	Zip	Count	ry	<u> </u>	of Status Desired	□ Ė(5.00 Add ee Required	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Ag	jent	
CHONG, STEPHEN C.L. 801 N. MAGNOLIA AVE., STE. 201					P.O. Box Number is Not Acceptable)				
	O, FL 32803		}						
				City	<u>.</u>		FL	Zip Code	 9
	named entity submits this statement lions of registered agent.	for the purpose of changing it	s registere	d office or registe	red agent, or both	, in the State of Flo	rida. I am fai	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TF: Renistered	Agent signature require			DATE		
Filing Fee is \$50.00 Due by May 1, 2006					ci writeri (eli letatili (g)		DATE		
Fi De	ling Fee is \$50.00 ue by May 1, 2006				O WHIGH TOWNSHAMED)		e check pay Departmen		8
Fi De	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMB		10.		O WYNEST (OR SELECTING)		e check pay Departmer		9
De	ue by May 1, 2006		10. TITLE NAME STREE		o wise. (or sadd s)	Florida	e check pay Departmen		B Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR PRUIM, RONALD J SR 319 SPEYSIDE LANE	ERS/MANAGERS	10. TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP	o man to sadd ()	Florida	e check pay Departmen CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGR PRUIM, RONALD J SR 319 SPEYSIDE LANE APOPKA, FL 32712 MGR PRUIM, RONALD J JR 5212 HAMMOCK CIR.	iers/managers	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	o man to sadd g)	Florida	e check pay Department CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMB MGR PRUIM, RONALD J SR 319 SPEYSIDE LANE APOPKA, FL 32712 MGR PRUIM, RONALD J JR 5212 HAMMOCK CIR.	IERS/MANAGERS Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Florida	e check pay Department CHANGES	Change	Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RUNACO T RECONTRE 407-522-1498 2-6-06 Daytime Phone #