FILED Apr 23, 2004 8:00 am Secretary of State

ANNUAL REPORT	NY
OCUMENT #10300004E403	_

DOCUMENT # L03000045403					04-23-2004 90014 032 ****50.00						
1. Entity Name BRENDA CHRISTIAN RESEARCH AND DEVELOPMENT LLC											
Principal Place	e of Business		Mailing Address								
1518 ROBERTS DR JACKSONVILLE BEACH, FL 32250		1518 ROBERTS DR Jacksonville Beach, FL 32250				FE BE STORE BE SE SE SE SE SE SE S	rri ud ele diud e u il		821 411 482 1		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03102004	Chg-LLC	CR2E0	83 (10/03)			
City & State		City & State			4. FEI Number		1	No	plied For t Applicable		
Zip	Country		Zip Coun		ntry	5. Continicate of States Desired Fee			Fee Required	5.00 Additional e Required	
	6. Name (and Address of Current I	Registered Agent		Name	7. Name and	Address of New I	Registered A	igent		
CHRISTIAI	N. BREND	A			Ivanie						
1518 ROBERTS DR JACKSONVILLE BEACH, FL 32250					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code)	
8. The above	named entity	submits this statement for	r the purpose of changing its	register	ed office or register	red agent, or both	n, in the State of Fl		amiliar with,	and accept	
	tions of registe		the purpose of changing he	109,010	ou omos or togicio.		,				
SIGNATURE Signature, tycod or protect name of registered agant and bits if spylicable. (NOTE: Registered Agant digreture received when remaining) CATE											
filing fee is \$50.00 Due by May 1, 2004								ke check p la Departm	ayable to ent of State	1	
9.		MANAGING MEMBE	BS/MANAGERS	10.		<u> </u>	ADDITIONS	/CHANGES			
TITLE	MGRM	WATER CONTRACTOR	Delete	THTL			7,001,101,10	,	☐ Change	☐ Addition	
NAME	CHRISTIAN, BRENDA			AE .							
STREET ADURESS CITY-ST-ZIP				1	EET ADURESS Y-ST-ZIP						
TITLE	UNONCONTRICE DE TOTAL E DE CONTRICE DE CON			TITE			·		Change	☐ Addition	
NAME	T Delice		NAM	ŀ							
STREET ADDRESS					EET ADDRESS						
CITY -ST-ZIP				Y-ST-ZIP				D Change	Addition		
TITLE NAME			☐ Delete	TITI NAS					☐ Change	☐ vantası	
STREET ADDRESS					EET ADORESS						
CITY-SI-ZIP			· · · · · · · · · · · · · · · · · · ·		Y+SI-ZIP						
TITLE			☐ Delete	TITE					Change	☐ Addition	
NAMÉ STREET ADDRESS					reet adoress					İ	
CITY·ST·ZIP	1			CIT	Y-ST-ZIP						
TITLE			☐ Delete	TIT	LE				☐ Change	Addition	
NAME				NA)	l						
STREET ADDRESS CITY-ST-ZIP					Y-SY-ZIP						
HILE	<u> </u>		☐ Deleta	1113	LE				☐ Change	Addition	
NAME	NAM			ME							
STREET ADDRESS					KEET ADDRESS Y-ST-ZIP						
CHY-SI-ZIP	cordify that the	information supplied with	this filing does not qualify to	t the ex	emption stated in Se	ection 119 07(3)() Florida Statutes	I further cer	tify that the in	nformation	
11. I hereby certify that the information supplied with this filling 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 exepute this report as required by Chapter 608, Florida Statutes.											
4/22/64											
SIGNATURE!											