FILED May 01, 2008 8:00 am Secretary of State

ANNUAL REPORT

05.01.2008.90027.01

ANNUAL REPURI						05-01-2008 90027 017 ***138.75				
1. Entity Nam	MENT # L03000047	852								
Principal Place of Business 2800 GLADES CIRCLE, SUITE 136 WESTON, FL 33327 Mailing Address 2800 GLADES CIRCLE, S WESTON, FL 33327 WESTON, FL 33327			SUITE 136							
2. Principal Place of Business - No P.O. Box # ZBOO GIADES CIECLE		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04282008	Chg-LLC	CR2	E083 (12/06)	. <u>.</u>
WESTON F		City & State				4. FEI Number Applied For 20-0426537 Not Applicable				
3332	7 Country A	Zip	Countr	ry		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current I	Registered Agent				7. Name and	Address of New	Registere	d Agent	
IOSE GRE	EGORIO TOVAR DEL CORRAI			Name				,		
ARIAS TO	VAR & ASSOCIATES, PA	Street Addre			ddress (f	P.O. Box Numbe	r is Not Acceptab	ele)	-	
WESTON,	NST, STE 209-WESTON TOW FL 33326	NCENTER								·
	/		-	City				F	L Zip Cod	e
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	d office o	r register	ed agent, or both	n, in the State of F	lorida. Lai	m familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a									
	***	ind title if applicable. (NOTE:	Registered	Agent signat	ture required	when reinstating)		DATE		
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		Registered	Agent signar	ture required	when reinstating)		ke check	payable to	e
	NOW!!! FEE IS \$138.75		Registered	Agent signat	ture required	when reinstating)		ike check da Depart	payable to	e
9.	MANAGING MEMBE		10.		MG	<u>a</u> m	ADDITIONS	ike check da Depart	payable to	e Addition
9. TITLE NAME	MANAGING MEMBER MGRM GONZALEZ, WILLIAM E	RS/MANAGERS	10. TITLE NAME		M G	PM ZALEZ I	ADDITIONS ADDITIONS	ike check da Depart	payable to the total terms of State	
9.	MANAGING MEMBE	RS/MANAGERS	10. TITLE NAME STREE		M G	PM ZALEZ I	ADDITIONS ADDITIONS	ike check da Depart	payable to the total terms of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM GONZALEZ, WILLIAM E 2800 GLADES CIRCLE, SUITE 1	RS/MANAGERS Delete 38 105 R Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	M G	PM ZALEZ I	ADDITIONS	ike check da Depart	payable to the total terms of State	
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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 acculate 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 receive printy seempowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPES OR PRINTED NIME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-25-2006 Date

939-2198576