## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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1. Entity Name	MENT # L030000498	322		Z	SECHETARY LLAHASSEE	AM 10:01  OF STATE FLORIDA		
Principal Place 1253 W. L. M CHATTAHOOC		Mailing Address 1253 W. L. MARTIN RD. CHATTAHOOCHEE, FL 32	2324					
2. Principal Place of Business		3. Mailing Address	100					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State	//	4. FEI Numb		No	plied For t Applicable	
Zip	Country	Zíp	Country	5. Certificate	of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current R	legistered Agent	Name	7. Name and	d Address of New R	egistered Agent		
BARNES & JAMES, P.A. 2629 BLAIR STONE RD. TALLAHASSEE, FL 32324				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	3	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
Filing Fee is \$50.00 Due by September 7, 2005						e check payable to a Department of State	•	
9.	MANAGING MEMBER		10.		ADDITIONS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, LAURIEL 4519 HARDAWAY HWY. CHATTAHOOCHEE. FL 32324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 07/1	000574 4/0501067	□ Change <b>477512</b> 7002 **50.1	☐ Addition	
TITLE NAME STREET ADDRESS	MGRM HAYES, MARY J 1253 W.L. MARTIN RD.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	MGRM HAYES, RICHARD	☐ Delete	CITY-ST-ZIP  TITLE  NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1253 W.L. MARTIN RD. CHATTAHOOCHEE, FL 32324		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GT-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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 minimal diability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: May Han Hays 7/11/05 933-3473 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deptime Proce #								