## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # L03000050935					04-28-2004 90060 027 ****50.00			
Principal Place of Business 4041 NORTH PINE ISLAND RD APT 202 SUNRISE, FL 33351		Mailing Address 29605 US HIGHWAY 19 SUITE 130 CLEARWATER, FL 33761		] 		56875		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062004	Chg-LLC	CR2E083 (10/03)	1	
City & State		City & State		4. FEI Number	454577	<u> </u>	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$5.00 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New Re	egistered Agent	
DEADE TI	IOMADE			Name				•
PEASE, THOMAS E 29605 US HIGHWAY 19 SUITE 130			Street Address		(P.O. Box Number is Not Acceptable)			
SUITE 130 CLEARWATER, FL 33761								
			City				FL Zip Coo	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered	office or register	red agent, or both	i, in the State of Floa	rida. I am familiar with	, and accept
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered A	gent signature require	d when reinstating)		DATE	
Fil Du	ling Fee is \$50.00 ue by May 1, 2004						schack payable to Department of Sta	te
Fil Du	ling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBEF	S/MANAGERS	10.				Department of Sta	le
9.	MANAGING MEMBER	S/MANAGERS	TITLE	· <u> </u>		Florida	Department of Sta	te Addition
9. TITLE	MANAGING MEMBER MGRM EVANS, CHARLES H	☐ Delete	TITLE NAME	ANNOESS		Florida	Department of Stat	
9.	MANAGING MEMBER MGRM EVANS, CHARLES H 4041 NORTH PINE ISLAND DR, A	☐ Delete	TITLE NAME	ADDRESS 1-ZIP		Florida	Department of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM EVANS, CHARLES H	☐ Delete	TITLE NAME STREET / CITY-ST			Florida	Department of Stat	
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1. 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.

IGNATURE: Charle 4. Evan Charles H. Evans 11/17/64 888846 7167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #