2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: LAND 17 PED OR PRINTED HAME OF SIGNING MANAGEM WEMBER, MANAGEM, OR AUTHORIZED REPRESENTATIVE

Secrétary of State **DOCUMENT # L04000001243** 07-08-2005 90089 031 ****50.00 RICHARD L. ROBERTS, JR. LLC Mailing Address Principal Place of Business 30010320 480 27TH STREET S.W. 480 27TH STREET S.W. NAPLES, FL 34117 NAPLES, FL 34117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. 4, etc. 07042005 CR2E083 (10/03) Cha-LLC 4. FEI Number Applied For City & State City & State Not Applicable \$5.00 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, RICHARD L JR Street Address (P.O. Box Number is Not Acceptable) 480 27TH STREET S.W. NAPLES, FL 34117 City B. 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 SIGNATURE Symbol Hooder of the symmettic days name to labor the laboration of the symmetry of PROTE HER HE ED AND REPORTED A CONTRACT OF THE PER Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Alldition ☐ Change TITLE MGRM TITLE ROBERTS, RICHARD L JR ALE LAME 480 27TH STREET S.W. STREET ALLONESS STREET ATMASSS CITY ST ZIP CITY ST ZIP NAPLES, FL 34117 ☐ Change ☐ Addition MGRM Defete TITLE TITLE ROBERTS, DAVID MAME MAME STREET ADDRESS 480 27TH STREET S.W. STREET ALXORESS CITY ST ZIP CITY ST ZIP NAPLES, FL 34117 ☐ Chance □ Addition ☐ Delete TITLE TITLE I.J.WE LAME STREET ALABESS STREET ADORESS CITY ST DP CITY ST ZIP Delete Chanya ☐ Addation DILE TITLE NAME 1.114 STREET ADDRESS STREET ALIDRESS CITY ST ZIP CITY ST 7/P Delete ☐ Addition TITLE ☐ Change TILE MME KAME STREET ACORESS STREET ADDRESS CITY ST ZIP CITY ST AP Charge ☐ Addition Detete DILE TITLE EAME KALE STREET ALDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP 11. Thereby 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 early, 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.

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