2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2005 8:00 am Secretary of State

1. Entity Nam		# L04000070					04-07-2005 90092 018 ****55.00				
Principal Place of Business 8961 S.E. BRIDGE RD HOBE SOUND, FL 33455			Mailing Address 8961 S.E. BRIDGE RD HOBE SOUND, FL 33455								
2. Principal Place of Business			3. Mailing Address P.O. Box 7351								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03312005	Chg-LLC	CR2E08	3 (10/03)		
City & State				Florida	4. FEI Numbe	065719	7	_ 	plied For t Applicable		
Zip		Country	33445	Cour	Ψ̃sA	5. Certificate	of Status Desired		55.00 Add ee Required		
	6. Name	and Address of Current R	legistered Agent			7. Name and	Address of New Re	gistered A	gent		
BELFORD, ANDREW					Name Street Address (P.O. Box Number is Not Acceptable)						
8961 S.E. BRIDGE RD HOBE SOUND, FL 33455					Street Address (is Not Acceptable,				
									1 = 2 7		
·					City	City FL Zip Code					
	named entity tions of registe	submits this statement for ered agent.	the purpose of chang	ing its register	ed office or registe	red agent, or bot	h, in the State of Flor	ida. Iam fa	miliar with,	and accept	
SIGNATURE .	Signature, typed o	or printed name of registered agent an	ad title if anoticable	*****	ed Agent signature require			DATE			
		prince resident of registered agent an	и ше и аррисале.	(NOTE: Registere	eo Agent signature requirer	d when reinstating)	•	DATE			
FI	iling Fee is ue by May		N the II approache.	(NOTE: Hegistere	о мделі зірнаше гесціга	d when reinstating)		check pa	yable to nt of State	•	
Fi D				(NOTE: Hegistere		d when (einstabing)		check pa Departme		•	
9. TITLE	iling Fee Is ue by May	5 \$50.00 1, 2005 MANAGING MEMBER		10.	E	d when (einstating)	Florida	check pa Departme		☐ Addition	
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9. TITLE	MGR BELFORD 8961 S.E.	MANAGING MEMBER ANDREW BRIDGE RD	S/MANAGERS	TO.	E	d when reinstating)	Florida	check pa Departme	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR BELFORD 8961 S.E.	S \$50.00 1, 2005 MANAGING MEMBER	S/MANAGERS	10. ITIL NAM STRI CITY	E AE EET ADORESS '-ST-ZIP E	d when reinstating)	Florida	check pa Departme	nt of State		
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: