## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DQCUMENT # L04000008208



May 02, 2006 8:00 am Secretary of State 05-02-2006 90031 008 \*\*\*\*50.00

Daytime Phone #

**FILED** 

Principal Place of Business  1916 E WAGON WHEEL CIRCLE TALLAHASSEE, FL 32317  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Mailing Address  1916 E WAGON WHEEL CIRCLE TALLAHASSEE, FL 32317  3. Mailing Address  Suite, Apt. #, etc.  03082006 Chg-LLC CR2E083 (11/05)  4. FEI Number NOT APPLICABLE  Not Applied
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O3082006 Chg-LLC CR2E083 (11/05)  City & State  City & State  City & State  City & State  Country  Zip  Country  Country  5 Certificate of Status Desired  \$5.00 Additions
City & State City & State 4. FEI Number NOT APPLICABLE Not Applied NOT APPLICABLE State State Country 5.00 Additional States Position of Status Desired Stat
Zip Country Zip Country 5 Certificate of Status Desired 5 \$3.00 Additions
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
FERRARA, RICHARD J 1916 E WAGON WHEEL CIRCLE TALLAHASSEE, FL 32317  Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
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 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)  DATE
Filing Fee is \$50.00 Due by May 1, 2006  Make check payable to Florida Department of State
Due by May 1, 2006 Florida Department of State
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES
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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 accurate and that my signature shall have the same logal effect as if made under eath; 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.