

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90072 005 ****55.00

20014746



02172005 Chg-LLC CR2E083 (10/03)

4. FEI Number **51-0497000** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MINTON, MARIE S
1113 NW 23RD AVENUE
CHIEFLAND, FL 32626

7. Name and Address of New Registered Agent

Name
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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MINTON, MARIE	
STREET ADDRESS	5843 COLFAX AVENUE	
CITY-ST-ZIP	ALEX, VA 22311	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHAEFER, ELIZABETH A	
STREET ADDRESS	1229 SPRUCE AVENUE	
CITY-ST-ZIP	SHADY SIDE, MD 20764	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, JAMES D	
STREET ADDRESS	1331 17TH STREET, SUITE 620	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WASHBURN, GREGORY S	
STREET ADDRESS	2909 N. 9TH STREET	
CITY-ST-ZIP	ARLINGTON, VA 22201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen M. Minton	
STREET ADDRESS	5843 Colfax Avenue	
CITY-ST-ZIP	Alexandria, VA 22311	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John L. Connole	
STREET ADDRESS	2904 Clear Hill Lane	
CITY-ST-ZIP	Mt. Airy, MD 21771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Marie S. Minton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/05 703-203-2422
Date Daytime Phone #