## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 25, 2005 8:00 am Secretary of State

ANNOAL REFORT								Secretary or State				
DOCU  1. Entity Nan PELHAM					04-25-2005	•						
Principal Place of Business 2774 SOUTH OCEAN BLVD PALM BEACH, FL 33780 Suite Soc			Mailing Address 2774 SOUTH OCEAN BLVD PALM BEACH, FL 33780 Suite 806				20045593					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03102005	Chg-LLC	CR2E08	3 (10/03)			
City & State			City & State				4. FEI Num 20 -	ber 070126	8		plied For t Applicable	
Zip		Country	Zip	itry	•••	5. Certificate of Status Desired				litional		
	6. Name	and Address of Current	Registered Agent				7. Name an	d Address of New R	egistered A	gent		
					Name						'	
THREADGILL, WALTER 2774 SOUTH OCEAN BLVD					Street A	Street Address (P.O. Box Number is Not Acceptable)						
PALM BEACH, FL 33780												
						ity 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.									and accept			
SIGNATURE	Signature typed	20 L. THREO	and title if applicable (NOTE	Registere	M Acent signar	re recuked	when reinstating)		DATE			
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Filing Fee Is \$50.00 Due by May 1, 2005			300					Make check payable to Florida Department of State				
9.		MANAGING MEMBE	ERS/MANAGERS	10.		•	••	ADDITIONS/	CHANGES			
TITLE	MGRM		☐ Delete	TITLE	E					Change	☐ Addition	
NAME	THREAD	GILL, WALTER		NAM	E							
STREET ADDRESS	2774 SOL	JTH OCEAN BLVD		STRE	ET ADDRESS							
CITY-ST-ZIP	PALM BE	ACH, FL 33780		CITY	-ST-ZIP							
TITLE NAME STREET ADDRESS			☐ Defete		E ET ADDRESS				ı	☐ Change	Addition	
CITY-ST-ZIP			· •	CHY	-ST-ZJP							
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NAME				NAM								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - St-Zip							
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TITLE NAME			☐ Delete	TITLE					1	☐ Change	Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(SCI) 585-2260