## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCU 1. Entity Nam LINE 13 F	16	651					F   L   F DEC -9 F		M 12	(5)	
Principal Place of Business 1070 E. INDIAN TOWN RD SUITE 410 JUPITER, FL 33477			Mailing Address 1070 E INDIANTOWN RD SUITE 410 JUPITER, FL 33477					ORE (MSY) LAHASSER			<b>:1</b> 11
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				12072005	Chg-LLC	CR2E083	(10/03)	
City & State			City & State				4. FEI Numb 90-019				plied For t Applicable
Zip	Country		Zip Count		ntry	5. Certifica		of Status Desire		5.00 Add	
	6. Name	and Address of Current	Registered Agent		Name		7. Name and	d Address of Nev	w Registered Ag	ent	
MEYER, J			L/			VESAY, JOE					
1070 E INDIANTOWN ROAD #410			5tree / 0			odress P.O. Box Number is Not Acceptable)  Eindiantown Rd Suite 4/0					
JUPITER, FL 33477			7	City					7:- 0		
9 The shows	named satis				City Juj	5/+i	-/	at 1- at - C-1	FL	219 C001 33	477
8. The above named entity symmits this statement or 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 Signatur-pody garded name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renastating)  DATE											
A	mended A	AR is \$50.00							lake check pay Ida Departmen		,
9.	MGRM	MANAGING MEMBE		10.				ADDITION	NS/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MIDWEST	T CONSTRUCTION & D T CIRCLE TA, FL 33469	Delete EVELOPMENT INC				12/0	9/05010	_	] Change **75.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 COU	TURES INC NTRY CLUB DRIVE FA, FL 33469	Del Delete				□ Change □ Addition 400062036534 12/09/0501009010 **75.00				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				E E EET ADDRESS - \$1-ZIP					Change	☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete							] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						C	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E Et address -st-zip					] Change	Addition
11. I hereby certify that the information supplied with this tiling obes 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 apparative shall have the same legal offect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emorated to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: SIGNATURE AND TYPED OR PRIMATE MAKE OF SOMEON MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Designe Phone #											