2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

	**	ANNUA	L KEPOK				Secretary o	I Sta	ite
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Principal Place of Business 6317 JACQUELINE ARBOR DRIVE TAMPA, FL 33617		Mailing Address 6317 JACQUELINE ARBOR DRIVE TAMPA, FL 33617			1 1881811	, Il bank bibli bahk bakk bahk ilak bib	RE 1911 8 15188 2111	10 1 HE 1 11 1	
2. Principal Place of Business			3. Mailing Address						
Suite: Apt. #netc.			Suite, Apt. #, etc.			04142005	Chg-LLC CR2E08	33 (10/03)	
City & State		City & State			4. FEI Numb	4. FEI Number Applied For Not Applicable			
Zip		Country	Zip		Country	5. Certificate		\$5.00 Addi Fee Required	
	6. Name	and Address of Curre	nt Registered Agent			7. Name and	d Address of New Registered A	gent	
LASMAN,			12		Name .	dross (R.O. Boy Numb	per is Not Acceptable)	-	
C/O LASMAN LAW FIRM, P.A. 115 PROVICENCE ROAD BRANDON, FL 33511							ACT TO THOSE PRODUCTION		
BIVAINDOI	V, I L 333				City			Zip Code	•
8. 'The above the obligat	e named entity tions of regist	y submits this statement ered agent.	for the purpose of cha	inging its reg	gistered office or r	registered agent, or bo	oth, in the State of Florida. I am f	amiliar with, a	and accept
]									1
SIGNATURE									
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applicable.	(NOTE: Re	egistered Agent signature	e required when reinstating)	DATE		
Fi	Signature, typed illing Fee illue by May	s \$50.00	ent and title if applicable.	(NOTE: Re	gistered Agent signature	e required when reinstating)	DATE Make check pa Florida Departme		
Fi	Signature, typed	s \$50.00 / 1, 2005	ent and title if applicable. BERS/MANAGERS	(NOTE: Re	egistered Agent signature	e required when reinstating)	Make check pa		
Fi	Signature, typed iling Fee i ue by May MGRM	s \$50.00 , 1, 2005 MANAGING MEM			10.	e required when reinstating)	Make check pa Florida Departme		Addition
9. TITLE NAME STREET ADDRESS	iling Fee i ue by May MGRM CHEUNG 6317 JAC	s \$50.00 / 1, 2005 MANAGING MEM JERRY QUELINE ARBOR DI	BERS/MANAGERS		10. TITLE NAME STREET ADDRESS	e required when reinstating)	Make check pa Florida Departme ADDITIONS/CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee i ue by May MGRM CHEUNG	s \$50.00 / 1, 2005 MANAGING MEM JERRY QUELINE ARBOR DI	BERS/MANAGERS	siete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Make check pa Florida Departme ADDITIONS/CHANGES	ent 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:
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

813-989-0318