2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

1. Entity Name	MENT # L04000014	521			,		_	4 045 ****55	
Principal Place	of Business	Mailing Address							
CLEARWATER		1 651 BUDLEIGH ST CL earwater , FL 33756	US			30	0380	56	
2 Principal Di	lace of Business	2 Moiling Address							
12728	59th Way N.	3. Mailing Address	1 Way	N .		1011 0131 1311 0	0111 03 111 00 101	310\$1 030 01 \$1(0 110 61 3	
Suite, Apt.		Suite, Apt. #, etc.	•		04112005	Chg-LLC	С	R2E083 (10/03)	
City & State	water. FL	City & State	er. Fl		4. FEI Numb		28		oplied For ot Applicable
Zip	Country	1222/	Country			of Status Desi		\$5.00 Add	
<u> </u>	6. Name and Address of Current I	Begistered Agent	<u> </u>		7. Name and	d Address of N	lew Regist	Fee Require	<u> </u>
			Name					·	
JONSON, V	WILLIAM R LEICH ST		Street Ad	ddress (l	P.O. Box Numb	er is Not Acce	ptable)		
CLEARWATER, FL 33756			12720 EQ H. 1 \2V A						
			Gib La	<u> </u>	<u> </u>	<u> </u>	<u>y 1 v</u>	Zip Cod	B
		· <u> </u>	<u> </u>	<u> </u>	MATE	20	7 Et .: 1.	FL 43'3"	760
	named entity submits this statement for ions of pegistered agent.	r the purpose of changing its re-	gistered office of	register	ed agent, or bo	om, in the State	or Florida.	i am ramiliar with,	and accept
SIGNATURE .	William	raland		· 		a pergni	. ; ; <u>. ; . ;</u>	3 x 625 p	17 July 16 11
2.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signatur	en race dead	when reinstation)			DATE	
				TO TOURS	when he is it is				
	ling Fee is \$50.00 ue by May 1, 2005	475 6 77	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TO TOURS		·	Make ch	eck payable to partment of Stat	e Change
D;	ue by May 1, 2005	graph of	E	140,004		. مبد	Make ch lorida Del	eck payable to partment of Stat	e Chris
9. ·	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	1	тетеция		. مبد	Make ch	eck payable to partment of Stat	e € 1 × 1 × 1
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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 1 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: MUMINIA DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/05

Daytime Phone #