2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L04000022950** 03-14-2005 90595 046 ****55.00 CHAZ PROPERTIES L.L.C. Principal Place of Business Mailing Address 3640 FAIRLANE FARMS ROAD, SUITE 8 3640 FAIRLANE FARMS ROAD, SUITE 8 16202002 WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03092005 CR2E083 (10/03) Chg-LLC City & State Applied For City & State 4. FEI Number 20-09547 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUITT, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 3030 SOUTH DIXIE HIGHWAY, SUITE 5 WEST PALM BEACH, FL 33405 City 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 Signature, typed or printed name of registered agent and title if applicable. (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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Change Addition Delete TITLE CZAJKOWSKI, GARY F NAME NAME 8035 DILLMAN ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP MGRM TITLE ☐ Delete TILE ☐ Change ☐ Addition CZAJKOWSKI, MARY J NAME NAME STREET ADDRESS 8035 DILLMAN ROAD STREET ADDRESS WEST PALM BEACH, FL 33411 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP πne TED F ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the reference of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Mar 14, 2005 8:00 am