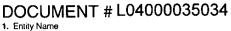
2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT





FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90037 004 ****50.00

| 1. Entity Name | 8 | # 20 100 00 00 o | | | | | | | | |
|---|---------------|---|--|--|--|---------------------|-----------|----------|-----------------------------|-------------|
| Principal Place | e of Business | 5 | Mailing Address | | <u> </u> | 140000 | | | | |
| 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 US | | | 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 | | US | | | | elin estes min elf | NG1 HA 18GA |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03292005 | Chg-LLC | CR2E | 083 (10/03) | |
| City & State | | | City & State | | 4. FEI Numb | 5-113 4 5 | 58 | <u> </u> | plied For t Applicable | |
| Zip | Country | | Zip Count | | ntry | 5. Certificate of S | | | \$5.00 Add Fee Required | |
| | 6. Name | and Address of Current F | | 7. Name and Address of New Registered Agent Name | | | | | | |
| 740 SOUT | | /AGNER; PLC — AL HIGHWAY | + | | Street Address (P.O. Box Number is Not Accepta | | | ole) | | |
| 217 POMPANO | BEACH, | FL 33062 | | | | | | | | |
| | | | | | City | FL Zip Code | | | э | |
| 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 | | | | | | | | | payable to nent of State | 9 |
| 9. | 1400 | MANAGING MEMBER | | 10. | 1 | | ADDITIONS | S/CHANGE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 825 COR | LINE HOMES, LLC AL RIDGE DRIVE PRINGS, RL 33071 | € Delate | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Defete | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 11111 | ☐ Delete | 1 | ì | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | CITY | ME EET ADDRESS '-ST-ZIP | | | | ☐ 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. | | | | | | | | | | |

APR 2 5 2005

Date

Daytime Phone #