2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000039192



FILED May 13, 2005 8:00 am Secretary of State

				05-13-2005	70048 0	23 30	.00	
Mailing Address 407 E. KING STREET QUINCY, FL 32351								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			03142005	Chg-LLC	CR2E	083 (10/03)		
City & State		· · · -	4. FEI Numb	2128	606	<u> </u>	plied For t Applicable	
Zip	Zip Country							
6. Name and Address of Current Registered Agent				d Address of New	Registered	Agent		
SUBER, GREG 407 E. KING STREET QUINCY, FL 32351			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
			City F1 Zip Code					
r the purpose of changing its	registere	ed office or register	ed agent, or bo	oth, in the State of F		- ,	and accept	
and title if applicable. (NOTE	: Registered	d Agent signature required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005							3	
RS/MANAGERS	10.	•		ADDITION:	S/CHANGE:	<u> </u>		
☐ Delete	TITLE NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
☐ Delete	NAME STREE	E Et address				☐ Change	☐ Addition	
☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition	
Delote	NAME STREE	ET ADORESS				☐ Change	Addition	
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,	407 E. KING STREET QUINCY, FL 32351 3. Mailing Address Suite, Apt. #, etc. City & State Zip Registered Agent or the purpose of changing its and title if applicable. (NOTE ERS/MANAGERS Delete Delete Delete	407 E. KING STREET QUINCY, FL 32351 3. Mailing Address Suite, Apt. #, etc. City & State Zip Coun Registered Agent The purpose of changing its registered and little if applicable. (NOTE: Registered NAME) Polette Tittle NAME STREET CITY Delete TITLE NAME STREET CITY TITLE NAME STREET CITY Delete TITLE NAME STREET CITY TITLE NAME STREET CITY Delete TITLE NAME STREET CITY Delete TITLE NAME STREET CITY	407 E. KING STREET QUINCY, FL 32351 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Address (I City Or the purpose of changing its registered office or registers and title if applicable. (NOTE: Registered Agent signature required ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 5. Certificate Name Street Address (P.O. Box Numb City or the purpose of changing its registered office or registered agent, or both and title if applicable. (NOTE: Registered Agent signature required when reinstating) ITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	3. Mailing Address Suite, Apt. #, etc. City & State City & State City S. Certificate of Status Desired Registered Agent Name Street Address (P.O. Box Number is Not Acceptated Agent signature required when reinstating) Address of New Name International Delate Title NAME STREET ADDRESS CITY-ST-ZIP Delate STREET ADDRESS CITY-ST-ZIP Delate STREET ADDRESS CITY-ST-ZIP Delate STREET ADDRESS CITY-ST-ZIP Delate STREET ADDRESS CITY-ST-ZIP	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 5. Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable) City File And the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am And the Fapolicable [NOTE: Registered Agent signature required when reinstating) DATE Make check, Florida Departm PRS/IMANAGERS 10. ADDITIONS/CHANGES CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	3. Mailing Address Suite, Apt. #, etc. 03142005 Chg-LLC CR2E083 (10/03) City & State 2ip Country 5. Certificate of Status Desired See Require Fee Require Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod. Name Street Address (P.O. Box Number is Not Acceptable) PL Zip Cod. In the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the purpose of changing its registered Agent signature required when remarking) Date Make check payable to Florida Department of State STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Chang	

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.