2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 20, 2006 08:00 AM DOCUMENT # L04000040712 **Secretary of State** 1. Entity Name 1445 S. ATLANTIC AVENUE, LLC Principal Place of Business Mailing Address 10216 PENNY LANE DRIVE 10216 PENNY LANE DRIVE ORLANDO, FL 32836 ORLANDO, FL 32836 01122006 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1218672 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PURSEL, JACH DO NOT WRITE 10216 PENNY LANE DRIVE ORLANDO, FL 32836 IN THIS SPACE 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 relocating) U00000439592 Filing Fee is \$50.00 Due by May 1, 2006 03/02/06-8000**8-**006 **50.**00 MANAGING MEMBERS/MANAGERS MGRM TITLE PURSEL, JACH NAME STREET ADDRESS 10216 PENNY LANE DRIVE ORLANDO, FL 32836 CITY-57-77P MLE NAME STREET ADDRESS CITY-ST-ZIP 77D F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MIL

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further cartify 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 508, Florida Statutes.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE