2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE: SIGNATURE OF DEPARTMENT OF AUTHORIZED REPRESENTATIVE

FILED May 08, 2006 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam	MENT # L04000042	126				05-08-2006	90036 041 **	**50.00
Principal Plac	e of Business	Mailing Address			4 Q U	Juguvvv		
7606 W. SAND LAKE ROAD ORLANDO, FL 32819		7606 W. SAND LAKE ROAD ORLANDO, FL 32819						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006	Chg-LLC	CR2E083 (11	/05)
City & State		City & State			4. FEI Numi 55-08			Applied For Not Applicable
Zip	Country	Zip Cour		/	5. Certificate of State		□ \$5.00 Fee Re	Additional quired
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New R	egistered Agent	
				Name				
7606 W. S.	G, ROBERT M AND LAKE ROAD), FL 32819			Street Address	(P.O. Box Numl	ber is Not Acceptable	3)	
-				City	 		FL Zip	Code
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	office or registe	red agent, or b	oth, in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd litle if applicable. (NOT	E: Registered A	Agent signature requires	d when reinstating)		DATE	
	iling Fee is \$50.00 ue by May 1, 2006			Make check payable to Fiorida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS/	10.			ADDITIONS	CHANGES	
TITLE	MGRM	Delete	TITLE	MA	Mi Too	<u>, </u>	☐ Cha	ange 🗹 Addition
NAME	C2F\$ DEVELOPMENT CORPOR	ATION	NAME	Hauri	senton	BIVD Stc	105	
STREET ADDRESS . CITY-ST-ZIP	11300 4TH ST N, STE 200 SAINT PETERSBURG, FL 33716	;	STREET CITY-S		yters bi	ura. H. 3	33 <i>702</i> _	,
TITLE		☐ Delete	TITLE	me	em,	- 97	☐ Cha	ange Addition
NAME			NAME	Fice	ting, K	obert, c	LINE	•
STREET ADDRESS			STREET CITY-S	ADDRESS 960 T-ZIP ST. F	o Kogci Licus bu		K 105 3702	
TITLE		☐ Delete	TITLE	MAI	עות איני	Houry	☐ Cha	ange Addition
NAME STREET ADDRESS			NAME	ADDRESS ALOC	WILL	Will Stel	105	
CITY-ST-ZIP			CITY-S	11DU	Lierch	23100	3702	
TITLE		☐ Delete	TITLE	MAK	TAUSUI 2m	My, Pi. =		ange Addition
NAME		□ Delete	NAME	605	Rin M	ichael a		inge 🖭 Addition
STREET ADDRESS			STREET	ADDRESS 400) KOAU	r BIVAL Sh	e 105	
CITY-ST-ZIP	-		CITY-S	T-ZIP ST.#	exisbu	Wa. Fl. 3	33 <i>7</i> 02	
TITLE		☐ Delete	TITLE				☐ Cha	ange 🔲 Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	1-214				
TITLE		☐ Delete	TITLE NAME				☐ Cha	ange
NAME STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S					
11. Thereby of indicated	Learlify that the information supplied with lon this report is true and accurate and I bilify company or the some of pastee	that my signature shall have	r the exemp	ptions contained egal effect as if r	nade under oat	th; that I am a manag	urther certify that the	e information mager of the
	1 - 1 A 1 1 - 1 - 1 - 1	2 2 1	TOPOIL do I					
	Will II	////			; 🚄	4-24-04		
SIGNAT	URE: //www//	KJUN-				i ou vy		