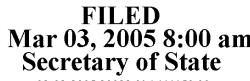
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



Mar 03, 2005 8:00 an Secretary of State
03-03-2005 90028 014 ****50.00

DOCUI 1. Entity Name HERMON					03-03-2005	90028 01	4 ****50	.00			
Principal Place of Business 1499 SHORELINE WAY, HARBOR ISLANDS HOLLYWOOD, FL 33019 Mailing Address 1499 SHORELINE WAY, HARBOR ISLANDS HOLLYWOOD, FL 33019				R ISLAND	s	20018037					
Principal Place of Business 3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			,	01262005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State				4. FEI Numb	er 380622	3	P-3	plied For t Applicable	
Zip	Country 4	Zip	Coun	try			of Status Desired	□ - \$	5.00 Add ee Required	itional	
	6., Name and Address of Current F	egistered Agent				7. Name and	Address of New R	legistered A	gent		l
DENUNIOU	A DECLOTEDED AGENTO INC	Ţ,		Name							ĺ
PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD, STE 4000				Street A	ddress (P.O. Box Numb	er is Not Acceptable	9)			ľ
,				City					Zip Code	,	
	13 11	• "		·				FL			
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registere	ed office or	r register	red agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent ar	vi title if applicable (NOTE	- Registere	d Agent signat	ure required	when reinstating)		DATE			
	organistic types of printed name of registered agent a					,					
Filing Fee is \$50.00 Due by May 1, 2005								e check pa a Departme		•	
9.	MANAGING MEMBER	I	10.			<u>-</u>	ADDITIONS	/CHANGES			
TITLE NAME	Carson Artifal	Manage/ Delete	TITLE		M(LM. +	HERMON line Way		☐ Change	Addition	<u> </u>
STREET ADORESS City-St-Zip	VISA COURT WAR	MARKEN		ET ADORESS -ST-ZIP	149 Ho	19 Shore	line Way , FL 3301	9		1	
TITLE NAME		☐ Delete	TITLE			0	-	÷	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							,
TITLE		Delete	TILL NAM						Change —	- Addition	ŀ
STREET ADDRESS			STRE	ET ADDRESS -ST-ZIP							
CITY-ST-ZIP TITLE		Delete	TITLE		<u> </u>		•		☐ Change	Addition	ĺ
NAME			NAM	E							
STREET ADORESS CITY-ST-ZIP				ET ADORESS -ST-ZIP							ĺ
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NAME STREET ADDRESS			NAM Stre	et address							
CITY-ST-ZIP				-ST-ZiP							
TITLE		☐ Delete	TITU						Change	Addition	
NAME			NAM								
STREET ADDRESS			- 6	ET ADDRESS -St-Zip							
CITY-ST-ZIP		this filing door ant available			tod in Sa	etion 110 07/91	(i) Florida Statutas	L further certi	fu that the in	formation	ł
indicated	ertify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	hat my sionature shall have.	the same	e legal effe	ect as if n	nade under oat:	h: that I am a manac	ging member	or manage	r of the	

SIGNATURE: Feb. 27, 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date