2006 LIMITED LIABILITY COMPANY

FILED Apr 26, 2006 8:00 am Secretary of State

	ANNOAL	KEPUKI				Secreta	iry or S	iaie
1. Entity Nam	MENT # L04000044	049				04-26-2006	90017 020 ***1	
Principal Place of Business 600 WEST HILLSBORO BOULEVARD, SUITE 510 DEERFIELD BEACH, FL 33441		Mailing Address 600 WEST HILLSBORO BOULEVARD, SUITE 510 DEERFIELD BEACH, FL 33441		20035257				
			-					
2. Principal Place of Business		3. Mailing Address						
350 Jim Moran Blvd Suite Apt. #. etc.		350 Jim Moran Blvd Suite, Apt. #, etc.						
Suite	• • • • • • • • • • • • • • • • • • • •	Suite 220			04042006	Chg-LLC	CR2E083 (11/05)	
City & State	e	City & State			4. FEI Numbe	er	A	pplied For
Deerfi	eld Beach, FL	Deerfield B	each, FI	ı	20-123	2329	N	ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	55.00 Ad	
33442	USA	33442	USA .				Fee Require	ed
	6. Name and Address of Current I	registered Agent	Name		/. Name and	Address of New Reg	gistered Agent	
WELZIEN,	JAMES		SAM					
600 WEST	HILLSBORO BOULEVARD, S	UITE 510	Street A	ddress (f	O. Box Numbe	er is Not Acceptable) Blvd, Sui	i+o 220	
DEERFIEL	D BEACH, FL 33441		330	OTI	MOLAII	BIVU, Sul	LLE ZZU	
			Deer	fie.	ld Beac	:h	FL Zip Coo	de 4 2
8. The above	named ontity submits this statement for	the purpose of changing its	registered office or	register	ed agent, or bot	h, in the State of Flori	da. I am familiar with	, and accept
the obligat	lions of registered agent.							
SIGNATURE .	Jec -							
							_ :	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signat	nte tednaeg	when reinstating)		DATE	
Fi	Signature. typed or printed name of registered agent a special	nd tite if applicable. (NOTI	E: Registered Agent signat	nie tednaeg	when reinstating)		check payable to Department of Sta	te
Fi	lling Fee is \$50.00 ue by May 1, 2006			nte tednseq	when reinstating)	Florida I	check payable to Department of Sta	te
Fi D	lling Fee is \$50.00 ue by May 1, 2008 MANAGING MEMBE	RS/MANAGERS	10.	ue required	when reinstating)		check payable to Department of Sta CHANGES	
9.	iling Fee is \$50.00 ue by May 1, 2008 MANAGING MEMBE		10. TITLE			Florida I	check payable to Department of Sta	te Addition
9. IIILE NAME	lling Fee is \$50.00 ue by May 1, 2008 MANAGING MEMBE MGRM WELZIEN, JAMES S	RS/MANAGERS	10. TITLE NAME	Sar	ne	ADDITIONS/C	check payable to Department of Sta CHANGES	☐ Addition
9.	iling Fee is \$50.00 ue by May 1, 2008 MANAGING MEMBE	RS/MANAGERS	10. TITLE	Sar 350	ne) Jim M	ADDITIONS/C	check payable to Department of Sta CHANGES Change	☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 q the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date

Daytime Phone #