## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 14, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L04000044:				01-14-2005	90036 002 ****5	0.00
Principal Place of Business Mailing Address 1100 LEE WAGENER BLVD. P.O. BOX 22754 338 FT. LAUDERDALE, FL 33315			33335	20001847			
Principal Place of Business . 3. Mailing Address				_			
Suite, Apt.	<u>ee ubgener Blud</u>	Suite, Apt. #, etc.		_			
32ŋ				01112005	Chg-LLC	CR2E083 (10/03)	
FT . Lau	derdale FL	City & State		4. FEI Number	14057		plied For t Applicable
<sup>Zip</sup> 33315	Country USA ·	Zip	Country	5. Certificate of	f Status Desired	S5.00 Add	
	+-6. Name and Address of Current	Registered Agent —		7. Name and	Address of New R	egistered Agent	
1100 LEE	CES OF MOULIS & ASSOCIA WAGENER BLVD		Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Bluck				
F1. LAUDI	ERDALE, FL 33315		# 32(		Λ.	FL Zig Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its		ududa stered agent, or both		ا <b>ز</b> ر دستوس ا	and accept
SIGNATURE	* Ala	- we	zune. Hazle	booms	1	111105	
	Signature, typed or bilinted name of registered agent a	of title if applicable (NOT	F: Registered Agent suggesture requi	ired when reinstation)		DAT	
Fi	Solver, type of flinted name of registered agent of the solution of the soluti	title if applicable. (NOT	E: Redistered Agent signature requi	iked when reinstating)		e check payable to Department of State	2
Fi	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE		E: Redistered Agent signature requi	ired when reinstating)		e check payable to Department of State	•
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGR.		10. 11ILE	ired when reinstating)	Florida	e check payable to Department of State	Addition
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	 RS/MANAGERS	10.	ired when reinstating)	Florida	DATE  check payable to Department of State CHANGES	
9. IIILE NAME	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBE MGR. HAZLEWOOD, WAYNE K P.O. BOX 22754 FT. LAUDERDALE, FL 33335	 RS/MANAGERS	10. TITLE NAME	ired when reinstating)	Florida	DATE  check payable to Department of State CHANGES	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR. HAZLEWOOD, WAYNE K P.O. BOX 22754 FT. LAUDERDALE, FL 33335 MGR	 RS/MANAGERS	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ired when reinstating)	Florida	DATE  check payable to Department of State CHANGES	
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Supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the piver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the indicated on this report is limited liability company