2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 26, 2005 8:00 am Secretary of State

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Principal Place of Business 1 FLORIDA PARK DRIVE, ATRIUM SUITE PALM COASY, FL 32137			Mailing Address 1 FLORIDA PARK DRIVE, ATRIUM SUITE PALM COAST, FL 32137			300077	39
2. Principal Pi	lace of Business	3. Mailing Address	·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Numb	170654	.7 A	optied For
Zip	Country	Zip	Country		of Status Desired	\$5.00 Add	ditional
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and	Address of New R		
KATZ, B. P				Street Address (P.O. Box Number is Not Acceptable)			
1 FLORIDA PARK DRIVE, ATRIUM SUI PALM COAST, FL 32137		UITE	Street Addres	SS (P.O. BOX NUMB	er is NOI Acceptable		
			City			FL Zip Cod	le
	named entity submits this statemen	it for the purpose of changing it	s registered office or regis	stered egent, or bo	th, in the State of Fic		and accer
IND UNION	lons of registered agent.						
-							
_	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent signature req	suivaci whom reinstating)		DATE	
SIGNATURE .	Sprease, typed as private name of registered as illing Fee is \$50.00 use by May 1, 2003	gent end tille if applicable. (NO	TE: Paghlared Agend signature req	julied when reinstating)		DATE Check payable to a Department of State	
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SIGNATURE AND TYPED OR PRINTED NAME OF EIGHUNG MANAGING MEMBER, MANAGUR, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #