2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Mar 31, 2006 8:00 am Secretary of State

1. Entity Na	ame	T # L04000069				03-31-2006 90182 002 ****50.00				
T 181 -L00	ace of Busine P ROAD ALE, FL 338	118	Mailing Address 3 #181 LOOP ROAD AUBURNDALE, FL 33	3823						
2. Principa	Place of Bus	siness	3. Mailing Address							
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.		•	03272006	Chg-LLC	CR2E0	083 (11/05)	
City & S	ate		City & State			4. FEI Numb			<u> </u>	oplied For
Zip		Country	Zip	Country			e of Status Desired		\$5.00 Add Fee Require	ditional
	6. Nan	ne and Address of Current	Registered Agent	1	·	7. Name and	Address of New F			
		-		Nam	е					
	REX W OP ROAD IDALE, FL			Stree	et Address (P.O. Box Numb	per is Not Acceptable	e)		
				City			-	FL	Zip Cod	e
9 Thompho	uo namad								- 1	
the oblig	E Signature, typ	tity submits this statement for istered agent.	and title if applicable. (N	IGS TEGISIETED OTHER				DATE		
the obliq	E Signature, typ	istered agent. ed or printed name of registered agent e is \$50.00 ay 1, 2006	and title if applicable. (N	OTE: Registered Agent si			Mak	DATE Ke check p		
signatur	E Signature, typ Fitting Fee Due by Ma	istered agent. ed or printed name of registered agent e is \$50.00	and title if applicable. (N	OTE: Registered Agent si	gnature required	d when reinstating)	Mak Florida ADDITIONS	DATE Re check p a Departm	ayable to ent of Stat	ė
the obliq	Filing Fee Due by Ma	istered agent. ed or printed name of registered agent e is \$50.00 ay 1, 2006 MANAGING MEMBE	and title if applicable. (N	OTE: Registered Agent si	ngnature required The Arian St. 632	WA GER LRICK D NO CITR	Mak Florid: ADDITIONS . SMITH US GROVE B	DATE Ke check p a Departm /CHANGES	ayable to ent of Stat	ė
SIGNATUR 9. IIILE NAME	Filing Fee Due by M: MGR SMITH, 118 LC	istered agent. ed or printed name of registered agent e is \$50.00 ay 1, 2006 MANAGING MEMBE	and title if applicable. (N	OTE: Registered Agent si 10. TITLE NAME	ngnature required The Arian St. 632	WA GER LRICK D NO CITR	Mak Florid	DATE Ke check p a Departm /CHANGES	ayable to ent of Stat	
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I hereby certify that the information supplied with this filling 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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