2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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*DOCU 1. Entity Nam S/M INVE	ne	# L04000070			TAL	OS APR 13 ECRETARY OF	ED PH 4:)		
Principal Plac	o of Rusiness		Mailing Address			1	""ASSLO		5	
Principal Place of Business			_				OSEE,	STAL	•	
3028 ELMWOOD RD.			3028 ELMWOOD RD.				~ /	Chare		
TALLAHASSEE, FL 32317			TALLAHASSEE, FL 32317					MIDA		
							3911) BEST SPIN SSIN 6811		Arten 18481 18	PS: (#1 1991
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04132005	Chg-LLC	CR2E083	3 (10/03)	,
City & State			City & State			4. FEI Numbe	г			plied For t Applicable
Zip	Country		Zip Country		try	5. Certificate	of Status Desired		5.00 Add	itional
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Registered Agent				
Name										
MIDDLETON, GARY										
3028 ELM			<i> </i> \ \ \		Street Address (P.O. Box Number is Not Acceptable)					
TALLAHAS	SSEE, FL	32317								
			W \J]	\setminus						
			1 7		City		□ Zip Code			
			I		Oily			FL	Zip Cou	,
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
					• • • • • • • • • • • • • • • • • • • •					
Filing Fee is \$50.00 Due by May 1, 2005								e check pay Departmen		,
9.		MANAGING MEMBER	I RS/MANAGERS	10.		<u>i.</u>	ADDITIONS/	CHANGES		
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NAME	1	ON, GARY	L Delete	NAME				· -		Addition
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	 	0022,12 02017		TITLE					7.01	
TITLE	MGRM	AMEC	_ 55.50		1			L] Change	☐ Addition
NAME	STILES, J		NA)		· 1					
STREET ADDRESS	1	ENWOOD DR.			ET ADDRESS					
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CITY-ST-ZIP	<u>.</u>			CITY-	ST-ZIP					
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STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP	<u> </u>			слу-	ST-ZIP					
11. I hereby certify that the information 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 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.										
		//	11-		•		.1/12/	<u></u>	-	ļ
SIGNATURE:										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNAMA MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Prone #										