2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 11, 2005 8:00 am Secretary of State

| DOCUI 1. Entity Nam AFW 2004 | | 137 | | | | 07-11-2005 9 | 0044 018 *** | *50.00 | |
|--|--|---|---|--|---------------------|--------------------------|------------------------------------|---|----------|
| Principal Place of Business 5940 BALAO WAY ST. PETE BEACH, FL 33706 | | Mailing Address 5940 BALAO WAY ST. PETE BEACH, FL 33706 | | 20062183 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 06302005 | Chg-LLC | CR2E083 (10 | V03) | |
| City & State | | City & State | | 4. FEI Numb 20-1 | 940250 | 0 | Applied For Not Applicab | le | |
| Zip | Country | Zip | Count | try | <u> </u> | of Status Desired | Fee Re | O Additional equired | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | legistered Agent | | |
| | Y, S. KEITH JR.,ESQ | Name | | | | | <u>_</u> | | |
| 605 - 75TH AVENUE ST. PETE BEACH, FL 33706 | | | | Street Address (| (P.O. Box Numb | er is Not Acceptable | | | _ |
| | | | | City | | | FL Zip | Code | _ |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | registere | ed office or registe | red agent, or bo | oth, in the State of Flo | orida. I am familiar | with, and accep | ot |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered | 1 Agent signature require | d when reinstating) | | DATE | | |
| | | | | | | | | | |
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| Fii Due t | ling Fee Is \$50.00 by September 7, 2005 | | | | | | e check payable a Department of | | |
| Fil Due t | ling Fee Is \$50.00 by September 7, 2005 MANAGING MEMBE | RS/MANAGERS | 10. | <u>.</u> | | | Department of | | |
| Due t | by September 7, 2005 | RS/MANAGERS | 10. | | | Florida | Department of | State | an ex |
| Due t | by September 7, 2005 MANAGING MEMBE | | | · | | Florida | Department of | State | - rk |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE MGRM CLARK, JAMES F 1136 ST. FINEGAN | | TITLE NAME STREE | E Et adoress | | Florida | Department of | State | |
| 9. TITLE NAME | MANAGING MEMBE MGRM CLARK, JAMES F 1136 ST. FINEGAN WEST CHESTER, PA 19382 | | TITLE NAME STREE | | | Florida | Department of | State | TI (IK |
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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: JAMES F. CLARK James F. Black
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBE, MANAGER, OR AUTHORIZED REPRESENTATIVE