2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # L04000087613

1. Entity Name
CHANGES IN LATITUDES, LLC

Principal Place of Business	Mailing Address
3220 SADDLE CLUB ROAD GREENWOOD, IN 46143	3220 SADDLE CLUB ROAD GREENWOOD, IN 46143

DO NOT WRITE IN THIS SPACE

04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1967890

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBONS, MICHAEL R
215 N. EOLA DRIVE
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WATKINS, TIMOTHY J
STREET ADDRESS	3220 SADDLE CLUB ROAD
CITY-ST-ZIP	GREENWOOD, IN 46143
TITLE	MGRM
NAME	SCHAEFER, CHARLES P
STREET ADDRESS	6518 LANA COURT EAST
CITY-ST-ZIP	NEW PALESTINE, IN 46163
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000564000
05/20/06-80037-017 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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: Timothy J. Watkins April 28/06 317-783-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #