FILED Apr 12, 2007 8:00 am

COLINEARY # L04000091208 International Proce of Business Load Oxford Load Oxfor	AIIIVAN ILLI VILI					Secretary of State				
1290 S.W. 80TH COURT	1. Entity Name	е	208					•		
Sulfe, Apt. 4; etc. City & State	12900 S.W. 89TH COURT		12900 S.W. 89TH COURT		60035461					
Sulfe, Apt. 4; etc. City & State										(1) (1)
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007	Chg-LLC	CR2E08	3 (12/06)		
S. Cardincated Address of Current Registered Agent	City & State		City & State							
Name	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
FILE ORAN GING MANDERS (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with,		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New I	Registered Ag	jent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Co	FIELDSTO	NE RONALD R			Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Prilling Fee is \$50.00	201 ALHAMBRA CIRCLE, SUITE 601			Street Address		(P.O. Box Numb	er is Not Acceptab	le)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Prilling Fee is \$50.00		,								
SIGNATURE Filling Foe is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS ITILE MARK GARCIA, ROLAND JR STREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE SIREET ADDRESS CITY-ST-2P				City				FL	Zip Code	•
Filling Fee is \$50.00 Discription printed name of registrated spent as applicable in the Control of State ### Control of State Part			the purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of F	lorida. I am fa	miliar with,	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MARK GARCIA, ROLAND JR STREET ADDRESS CITY-ST-2IP TITLE MARK STREET ADDR	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signature require	ed when reinstating)		DATE		
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I a limited liability company or the required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.