## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

1. Entity Nam	10	# L05000015								
Principal Place of Business 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118			20038465				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04262006	Chg-LLC	CR2E083	(11/05)		
City & State			City & State			4. FEI Numb	3482018			plied For t Applicable
Zip		Country	Zip Count		try		e of Status Desired		.00 Add Require	
,	6. Name	and Address of Current F	gistered Agent Name			7. Name and Address of New Registered Agent				
GORNTO 149 S. RID DAYTONA	GEWOOI	D AVENUE, SUITE 55 FL 32114	50		Street Address (P.O. Box Number is Not Acceptable)					<del>-</del>
				City			FL	Zip Code	)	
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, lyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
9.		MANAGING MEMBER		10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	315 N. AT	ON, GEORGE D LANTIC AVENUE A BEACH, FL 32118	☐ Delate						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dekete		i				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Detete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS -S1-ZIP				Сһапде	☐ Addition
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.										

4-26-06