2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90044 031 ****50.00

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City 6 State S. Name and Address of Current Registered Agend S. Name and Address of Current Registered Agend J. Water and Address of New Registered Agend J. Water and Address of New Registered Agend Name Name Name Name Name Name Net TUNC 1-AEL L. P.A. 1122 THIRD STREET, SUITE 3 NET TUNE BEACH, FL 32268 City FL 2p Code 6. The abbone remod shills, submiss this statement for the purpose of changing its registered direce or registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both, in the State of Robins. I am familiar web, and accept the obligations of registered agent, or both in the State of Robins. I am familiar web, and accept Robins agent ag	2. Principal Pla	ace of Business	3. Mailing Address	<u> </u>					
City 6 State City 6 State City 6 State Country City 6 State Country Country Country S. Contributed Status Desired S. Name and Address of Current Registered Agent Name Na	Suite, Apt. #, etc.		Suite, Apt. ♥, etc.			04072006	Chg-LLC		-
8. Name and Address of Currant Registered Agent 7. Minne and Address of New Registered Agent 7. Minne and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. North Add	City & State		City & State			4. FEI Numb	-150581	7	Not Applicable
Name Name Name Name Short Address (P.O. Box Number is Not Acceptable) City FL Zip Code Florida Department of State City Florida Department of State City City Sign Addition Florida Department of State City City Sign Addition City Sign Addition City Sign City Sig	Zip					5. Certificate of Status Desired 11 Fee Required			
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 accopt the obligations of registered agent. SIGNATURE Signata, typed y price was of ing turns agent or 8 ft vigoroph. POTE Measures Agent uponors was and disminishment of State of Florida. DATE		6. Name and Address of Current	Registered Agent	Name		/. Waller als	, GROWES OF REAL PROPERTY OF THE PROPERTY OF T		
6. The above named entity cubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accopt the obligations of registered agent, upon in price ware ting used specially and the instrument for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accopt the obligations of registered agent, or both in the State of Florica. I am familiar with, and accopt the obligations of registered agent, or both in the State of Florica. I am familiar with, and accopt the obligations of Florida Department of State Chief Chie	1122 THIR	D STREET, SUITE 3	Street Address			(P.O. Box Number is Not Acceptable)			
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. 1 em tamillar with, and accopt the obligations of registered egent. SIGNATURE	NEPTUNE	BEACH, FL 32266	City			EI ZIpCode			
The obligations of registered agent. SIGNATURE Due by May 1, 2006 Make check payable to Florida Department of State Portice Payable to Florida Department of State	<u> </u>		d about the	1 1	v register	ed agent or bo	offi in the State of Flo		h, and accept
Filing Fee is \$50.00 Due by May 1, 2006 10. ADDITIONS/CHANGES 10.	the obligati	ons of registered agent.				. <u></u>	·		
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TITLE INAME STREET ADDRESS CITY-ST-ZIP Delete TITLE INAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing gibes not qualify for the exemplegal effect as if made under eath; that I am a managing member or manager of the information to the immitted liability company or the receivar or trusted employed to execute the report as required by Chapter 608, Florida Statutes. (312)927-0399 SECTION TITLE (312)927-0399	TITLE NAME STREET ADDRESS	Chicago, IL 60001	Delete	NAME STREET ADDRESS		<u> </u>		Chang	e 🔲 Addition
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ITILE NAME STREET ALDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing gloss not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report is true and acquirate and that my signature shall have the same, legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute the report as required by Chapter 608, Florida Statutes. (312)927-0399	TITLE HAME STREET ADDRESS		Delete	NAME STREET ADDRESS	s			☐ Chang	e 🗖 Addition
11. Thereby certify that the information supplied with this filing goes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report is true and accturate another my sufficient supplied effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. (312)927-0399	TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAVAE STREET ACCRESS CITY+ST-ZIP					
	11. I hereby indicated limited lia	ability company or the receiver or trust	es empowered to execute the	a report as require	d by Cha	pter 608, Florid	a Statutes.	(312)927	1-0399