



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90187 006 ****50.00

DOCUMENT # L05000027086 1. Entity Name CHEDA LLC					
Principal Place of Business 2234 COLONIAL BLVD. SUITE 10 FORT MYERS, FL 33907 US			Mailing Address 2234 COLONIAL BLVD. SUITE 10 FORT MYERS, FL 33907 US		
2. Principal Place of Business <i>13241 Ponderosa Way</i> Suite, Apt. #, etc.		3. Mailing Address <i>13241 Ponderosa Way</i> Suite, Apt. #, etc.			
City & State <i>FL Myers, FL</i> Zip <i>33967</i>		City & State <i>FL Myers, FL</i> Zip <i>33907</i>		4. FEI Number <i>20-2727953</i> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01252006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOSORETZ, DANIEL DR. 2234 COLONIAL BLVD., STE. 10 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOSORETZ, DANIEL 13241 Ponderosa Way FL Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 			2/6/06 239-433-0417		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		