

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90033 022 ****50.00

20033572



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2557282** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, RICHARD W
1134 NEW YORK AVE
ST. CLOUD, FL 34769

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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 MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRADLEY, RICHARD W	
STREET ADDRESS	1134 NEW YORK AVE	
CITY-ST-ZIP	ST CLOUD, FL 34769	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALTMAN, SCOTT	
STREET ADDRESS	4418 TIDEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	URBAN, SCOTT	
STREET ADDRESS	6256 OAKSHORE ROAD	
CITY-ST-ZIP	ST CLOUD, FL 34771	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HICKMAN, KYLE J	
STREET ADDRESS	6266 OAKSHORE ROAD	
CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHESNUT, WILLIAM B	
STREET ADDRESS	1947 BLAKE LAKE BLVD	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *W. J. B. B. B.* Date 4/18/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE