2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-S1-ZIP TALLAMASSEE, FL 32304 TITLE NAME STREET ADDRESS	or cable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1092007 Chg-LLC CR2E083 (12/06) City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired Fee Required Fee Required 65-1250521 Status Desired Status Desired Fee Required Fee Required 7. Name and Address of New Registered Agent Name LEVITT, MICHAEL R 2402 SAN PEDRO AVE. TALLAHASSEE, FL 32304 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) 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 a street agent and the disposable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street agent and the disposable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street agent agent and the disposable in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street agent agent and the disposable in the purpose of change i	or cable
City & State 4. FEI Number 65-1250521 S. Certificate of Status Desired \$5.00 Additions Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVITT, MICHAEL R 2402 SAN PEDRO AVE. TALLAHASSEE, FL 32304 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Filling Fee is \$5.000 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME STREET ADDRESS 2402 SAN PEDRO AVE. STREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32304 Delete TITLE NAME STREET ADDRESS	cable
Zip Country	cable
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVITT, MICHAEL R 2402 SAN PEDRO AVE. TALLAHASSEE, FL 32304 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 a the obligations of registered agent. SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE NAME LEVITT, MICHAEL R MGRM LEVITT, MICHAEL R SIREET ADDRESS TALLAHASSEE, FL 32304 Delete ITILE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	
LEVITT, MICHAEL R 2402 SAN PEDRO AVE. TALLAHASSEE, FL 32304 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 a the obligations of registered agent. SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ITILE NAME SIREIT ADDRESS CITY-S1-ZIP TALLAHASSEE, FL 32304 Name SIREIT ADDRESS TREET ADDRESS	
LEVITT, MICHAEL R 2402 SAN PEDRO AVE. TALLAHASSEE, FL 32304 City FL Zip Code	
2402 SAN PEDRO AVE. TALLAHASSEE, FL 32304 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 at the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS / MANAGERS ITILE MGRM LEVITT, MICHAEL R STREET ADDRESS CITY-S1-ZIP TALLAHASSEE, FL 32304 STREET ADDRESS CITY-S1-ZIP Delete MAME STREET ADDRESS	
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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MARE SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State 9.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date Due by May 1, 2007 Make check payable to Florida Department of State	cept:
Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS ITTLE MGRM Delete NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	-
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM Delete NAME LEVITT, MICHAEL R SIREET ADDRESS CITY-S1-ZiP TALLAHASSEE, FL 32304 ITILE NAME STREET ADDRESS	
TITLE NAME LEVITT, MICHAEL R STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	
TITLE NAME LEVITT, MICHAELR STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS	ddition
CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS Delete TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	
STREET ADDRESS STREET ADDRESS	ddition
CITY-ST-ZIP	
	ddition
NAME NAME	וטוווטנ
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
	ddition
NAME NAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
NAME NAME	Idition
STREET ADDRESS STREET ADDRESS	ddition
CITY-ST-ZIP CITY-ST-ZIP	ddition
NAME STREET ADDRESS STREET ADDRESS	ddition ddition
CITY-ST-ZIP 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 informatio indicated on this report is true and accurate and that my significant that 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 provide spinowered to execute this report as required by Chapter 608, Florida Statutes.	