2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 13, 2007 8:00 am Secretary of State

THIS OF THE PARK, FL 32789 THE MAKE TADDRESS CITY-ST-ZIP TITLE MAKE TAD	DOCUMENT # L05000052244 1. Entity Name CHIMAYMAY HOLDINGS, LLC								05-07-200	07 9038	0 015 ***	**50.00
WINTER PARK, FL 32789						<u> </u>						
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City & State Country Country E. Certificate of Status Desired S\$.00 Auditonal February S\$.00 Auditonal February RILEY, RODNEY A 1031 PALMER AVENUE WINTER PARK, FL 32789 City City FL Zip Code E. The above named analysis submits this statement for the purpose of changing its registered algent, or both, in the State of Fordia. I am familiar with, and accidence in the obligations of registered algent, or both, in the State of Fordia. I am familiar with, and accidence in the obligations of registered algent, or both, in the State of Fordia. I am familiar with, and accidence in the obligations of registered algent. Signature Filling Fee is \$50.00 Due by May 1, 2007 B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INET MORES OUT-\$1-0P INITE MAGRIM Outels INITE Outels INITE MAGRIM Outels INITE Outels INITE MAGRIM Outels INITE MAGRIM Outels INITE Outels INITE MAGRIM Outels INITE Outels INITE MAGRIM Outels INITE Outels INITE MAGRIM Outels	2. Principal P	face of Busine	sss - No P.O. Box #	3. Mailing Address								
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Country Zip Country Zip Country 8. Certificate of Status Desired \$5.00 Additional Fee Required	City & State	9		City & State				4. FEI Numb	ED FOR 20-2	:סוצוי	·	
RILEY, RODNEY A 1031 PALMER AVENUE WINTER PARK, FL 32789 City City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident to obligations of registered agent. SIGNATURE FIlling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS TO. ADDITIONS/CHANGES TILE MAKE STRET ADDRESS CITY-ST-2P WINTER PARK, FL 32789 Delay TILE MAKE STRET ADDRESS CITY-ST-2P TILE MAKE STRET ADDRESS C	Zip	Country		Zip Coun		ntry					\$5.00 Ad	ditional
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City FL Zip Code	DILEY DO	DNEV A				Name						
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florids. I am femiliar with, and accidence of registered agent. SIGNATURE SOURCE AGENTA THOSE OF DIVERS AND AND AGENT	1031 PALM	MER AVEN	IÚE		Street Address (P.O. Box Number is Not Acceptable)							
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Bue by May 1, 2007	SIGNATURE Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when remassions) DATE											
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11. Thereby certify that the information supplied with this filling 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 expirate and that my signature shall have the same legal affect as if made under certify that I am a managing member or manager of the limited liability company or the faceiver cycluster impowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:												