DOCUMENT # L05000052290	20	06 LIMITED LIA ANNUAI	BILITY CON	ИРАІ	٩Y	F	eb 10, 2 Secreta	[LED 2006 8:0 ary of Sta 90167 048 ****5(ate
2925 EAST 1111 AUENUE HAILEAN, FL 33013 2055 EAST 1111 AUENUE HAILEAN, FL 33013 US 2. Principal Place of Business 3. Mailing Address 01052006 Chp-LLC CR2CeB83 (11/05) 5uite, Apt. # utc. Suite, Apt. # utc. Suite, Apt. # utc. 01052006 Chp-LLC CR2CeB83 (11/05) City A State Currey 2/9 Country 2/9 Country 4. FEI Number [Aptiletic [Apt. Apt. Apt. Apt. Apt. Apt. Apt. Apt.	1. Entity Name	•	2290				02-10-2008 :	90167-04830).00
Sulle. Apt. #, etc. Sulle. Apt. #, etc. 01652066 Chg-LLC CR2EDB3 (11/05) City & State City & State 01652066 Chg-LLC CR2EDB3 (11/05) Zip Country Zip Country 4. FEI Number Applied Zip Country Zip Country 4. FEI Number State Address of Sum Registered Agent WRICHT, BLANDIN J Ital Address of Current Registered Agent Name Name Registered Agent Rescueda WRICHT, BLANDIN J Street Address of Current Registered Agent Name Name Registered Agent Street Address of New Registered Agent WRICHT, BLANDIN J 121 ALLAMMRA PLAZA Street Address (P.O. Box Number is Not Acceptable) City C FL Zip Code SUITE 1000, ALMAIRA TOWERS City FL Zip Code City C FL Zip Code SURATURE Filter State Address of State Address and New Registered Agent Ont The above named entity nutmits his statement for the purpose of changing its registered agent. Ont The above named entity nutmits his statement agent and the floateat Politic Heighear Agent igness af agent with and a doct agent with and a doct agent with and a doct agent agent agent and the floateat Politic Heighear Agent igness af agent with and a doct agent	2955 EAST 1	1TH AVENUE	2955 EAST 11TH AVE				1 1213 1 6 100 12 10 16 10 28 1	1 68151 9116. Kbis (1916 1911) 98	18 2 1 Elà 1986
City & State City & State A. FEI Number Applied X hot Acg Zip Country Zip Country S. Cartificate of Status Desired FR Aquited Zip Country Zip Country S. Cartificate of Status Desired FR Aquited Status A. FEI Number Xame and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent WRIGHT, BLANDIN J. Zip Code Name and Address of Current Registered Agent Name and Address of New Registered Agent VICIE 1000, ALHAMBER TOWERS Street Address (P.O. Box Number is Net Acceptable) Street Address (P.O. Box Number is Net Acceptable) SUNTE 1000, ALHAMBER TOWERS City FL Zip Code Street Address of registered agent, or born, in the State of Florids. I am familiar with, and a the adlightered agent agent and intermed for the purpose of changing its registered agent, or born, in the State of Florids. I am familiar with, and a florid acceptable to Florids Department of State Street Address Mathe check payable to Florids Department of State Dott Filing Fees is \$50.00 Mathe check payable to Florids Department of State Street Address Intel math Dotte ALONSO, AMANCIO Intel math Intel math Street Address Intel math Dotte Street Address Intel math <td colspan="2">2. Principal Place of Business</td> <td colspan="3">3. Mailing Address</td> <td></td> <td></td> <td></td> <td></td>	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country Scatting of Status Desired [X] Nat Appl 2ip Country 2ip Country Scatting of Status Desired Scatting of Status Desired Again Scatter Desired Address of Country Desired Again Unit Status Of Fibrid Desin Unit Sta	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E083 (11/05)	
Zip Country Zip Country S. Certificate of Status Desired \$5.00 Actions per Regulationed Agent WRIGHT, BLANDIN J 121 ALHAMBRA PLAZA Name Name Street Address of New Registered Agent VITIE 1000, ALHAMBRA TOWERS Other Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Diff Street Address (P.O. Box Number is Not Acceptable) More is Not Acceptable is Not Acceptable is Not Acceptable) Diff Str	City & State		City & State			4. FEI Numt	per		oplied For ot Applical
WRIGHT, BLANDIN J 121 ALHAMBRA PLAZA SUITE 1000, ALHAMBRA TOWERS CORAL GABLES, FL 33134 Name Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and a the obligations of registered agent. City FL Zip Code Signature system system prior and agent. Other englatered agent, or both, in the State of Florids. I am familiar with, and a system system prior and agent. Date Signature system system prior and agent. More florids Change agent. Date Filing Face is \$50.00 Due by May 1, 2008 Intel florids Change agent. Date Rescale Chack payable to Florids Dupartment of State Intel florids Change agent. Date New ALONSO, AMANCIO Intel states Access (mr. 51-2P) Intel florids Change agent (mr. 51-2P) Ontel florids Change agent (mr. 51-2P) Intel mate Detete Intel states Access (mr. 51-2P) Intel florid (mr. 51-2P) Ohange agent (mr. 51-2P) Intel mate Detete Intel states Access (mr. 51-2P) Intel Change agent (mr. 51-2P) Ohange agent (mr. 51-2P) Intel mate Detete Intel Mate Intel Change agent (mr. 51-2P) Intel Change agent (mr. 51-2P) Intel mate Detete Intel Mate Intel Mate Intel Chang	Zip	Country	Zip	Coun	try	5. Certificato	e of Status Desired	5.00 Add	litional
WRIGHT BLANDIN J 121 ALFAMBRA PLAZA SUITE 1000, ALFAMBRA TOWERS CORAL GABLES, FL 33134 Street Address (P.O. Box Number is Not Acceptable) It alt ALAMBRA TOWERS CORAL GABLES, FL 33134 City FL Zip Code It an familiar with, and a biologitation of registered agent. of both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SigNATURE Togeties, lipide printed new of the 1 existance MARAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 9.		6. Name and Address of Curren	t Registered Agent		Name	7. Name an	d Address of New R	Registered Agent	
SUITE 1000, ALHAMBRA TOWERS CORAL GABLES, FL 33134 City FL Zp Code R. 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 a the obligators of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILING Fee is 550.00 Due by May 1, 2006 Filing Fee is 550.00 Due by May 1, 2006 Filing Fee is 550.00 Due by May 1, 2006 Filing Fee is 550.00 Due by May 1, 2006 Filing Fee is 550.00 Due by May 1, 2008 Filing Fee is 550.00 Due by May 1, 2008 Filing Fee is 550.00 Due by May 1, 2008 Filing Fee is 550.00 Due by May 1, 2008 Filing Fee is 550.00 Due by May 1, 2008 Filing Fee is 550.00 Due by May 1, 2008 Filing Fee is 550.00 City Filing							ar is Not Accounts	<u>a)</u>	
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. Tam familiar with, and a the obligations of registered agent. Tam familiar with, and a familiar with, and	SUITE 100	0, ALHAMBRA TOWERS		Street Address					
	CORAL GABLES, FL: 33134				City			Zip Coo	
ITTLE MGR Delete ITTLE Change Change ITTLE ALONSO, AMANCIO STIRET ADDRESS STIRET ADDRESS Change Intle ITTLE ILALEAH, FL 33013 CIT-ST-2P Change Intle ITTLE IDelete ITTLE Intle Intle Intle ITTLE IDelete ITTLE Intle Intle Intle Intle ITTLE IDelete ITTLE Intle Intle Intle Intle Intle ITTLE IDelete ITTLE Intle Intle Intle Intle Intle	- <u></u>	ling Fee is \$50.00	nt and title if applicable. (NC	DTE: Aegistere	d Agent signature ra	quired when reinstating)		e check payable to	.8
ALONSO, AMANCIO Index							ADDITIONS		
NAME NAME STREET ADDRESS CITY-ST-2IP ITTLE Delete NAME ITTLE STREET ADDRESS CITY-ST-2IP CITY-ST-2IP Change STREET ADDRESS CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE	NAME STREET ADORESS	ALONSO, AMANCIO 2955 EAST 11TH AVENUE		NAM STRE	E Et address				Add 🗌
TITLE Delete TITLE Change Change NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change TITLE Delete TITLE Change Change<	NAME STREET ADDRESS		Delete	NAM	e Et adoress	· · · ·		Change	Add
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	TITLE NAME STREET ADDRESS		Delete	TITLI NAM STRE	E IE TET ADDRESS			Change	Add
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		Delete	NAN	ie Eet address			Change	Ado
NAME STREET ADDRESS CITY-ST-ZIP 11. 1 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 informati 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 t	NAME STREET ADDRESS		Deleta	NAM	ie Eet address			Change	Ada
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 t	NAME STREET ADDRESS		. Delete	NAM	ie Eet address			Change	Add
	indicated	I on this report is true and accurate ar	nd that my signature shall hav	ve the sam	e legal effect a	as il made under oa	th; that I am a mana	further certify that the infiging member or manag	er of the