2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90015 039 ***143.75

1. Entity Nam	MENT # L05000057	000				04-25-200	08 90015	039 ***143	3.75
Principal Plac	te of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	UN		
400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789		P.O. BOX 508 WINTER PARK, FL 32790				 	80 / 10 /01 6	400) 402 601 80	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142008	Chg-LLC	CR2E	E083 (12/06)	
City & State		City & State			4. FE! Numb 76-079				optied For ot Applicable
Zip	Country	Zip	Country			of Status Desire		\$5.00 Add Fee Require	litional d
	6. Name and Address of Current	Registered Agent	Nama		7. Name and	Address of Ne	w Registered	d Agent	,
400 N. NE), LOUIS R W YORK AVE., SUITE 108 PARK, FL 32789		Street A	Ni C Address (P	O. Box Numb	er is Not Accepta		y bol	cl
	; ;		City			HIME	F	Zip Cod	e
8. The above the obligat	e named entity submits this statement to tions of registered/agent.		registered office o		_	r	Florida, I ar	_	and accept
	Signature, typed or printed harry of registered event a	and title if applicable. (NOT	E: Registered Agent signa	ture required v	hen reinstating)		DATE	:	
FILE	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		E: Registered Agent signa	ture required w	nen rein stating)	N		payable to ment of Stat	e
FILE	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	E: Registered Agent signa	ture required v	men reinstatting)	N Flor		ment of Stat	e
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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: M. Swyll	Nicole Hers Sevbolo	1 04-14-08	407-294-1000
SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEN	IBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #