2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

ANITOAL REPORT						Secretary of State				
1. Entity Nam	MENT # L050000704	455				02-10-2006	_			
Principal Place of Business 340-A 10TH STREET		Mailing Address 340-A 10TH STREET				50014007				
LAKE PARK, FL 33403		LAKE PARK, FL 33403								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0113200	6 Chg-LLC	CR2E083	(11/05)			
City & State		City & State		4. FEI Nur	nber 7 - 31109434			optied For ot Applicable		
Zip	Country	Zip Coun		try	5. Certifica	ate of Status Desired		.00 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
CORPORA	ATE CREATIONS NETWORK, I	NC.								
	DSPERITY FARMS ROAD #22° ACH GARDENS, FL 33410			ress (P.O. Box Nur	mber is Not Acceptable	9)				
		City					FL	Zip Cod	e	
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 the obligations of registered agent.							iliar with,	and accept		
SIGNATURE .	1									
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registere	d Agent signature re	equired when reinstating)	·	DATE			
Fi Di	ling Fee is \$50.00 ue by Máy 1, 2006						e check paya a Department		e	
9. MANAGING MEMBERS/MANAGERS			10.			ADDITIONS	CHANGES			
TITLE	MGR Delete		TITLE					Change	Addition	
NAME STREET ADDRESS	DRY, TODD W 340-A 10TH STREET		NAM	E Et address						
CITY-ST-ZIP	LAKE PARK; FL 33403			-ST-ZIP						
TITLE	MGR Delete		TITLE	: -				Change	☐ Addition	
NAME	GOOD, NITA G		NAM							
STREET ADDRESS CITY-ST-ZIP	340-A 10TH STREET			ET ADDRESS -ST-ZIP						
TITLE	LAKE PARK, FL 33403		TITLE					Change	CT Addition	
NAME		L Delete	NAM	I .			<u>!</u>	Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS		•				
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	I .				Change	☐ Addition	
NAME STREET ADDRESS			NAM! SIRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE	☐ Delete		TITLE	:				Change	Addition	
NAME	•		NAM	I .						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP						
TITLE		☐ Delete	TITLE				Г	Change	Addition	
NAME			NAM				_			
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for		-ST-ZiP	sined in Chapter 1	19 Florida Statutae 14:	urther certify the	t the info	rmation	
indicated	on this report is true and accurate and t	hat my cionatura chall have t	nio exel	n local effect a	anieu iii Oriapier I	is, i iunua Sidiules. I il ath: that I am a manac	niner certify the		r of the	

11. Thereby Certify that the information supplied with this limit does not quality for the exemptions contained in Chapter 119, Horida 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: 1. D. L. D. Dayime Phone & Date Dayime Phone &