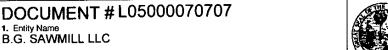
2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**





20023624 Mailing Address Principal Place of Business 37324 CR 439 37324 CR 439 EUSTIS, FL 32736 EUSTIS, FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 33-1129608 Not Applicable Country Zip \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name GRIFFIN, CARL L Street Address (P.O. Box Number is Not Acceptable) 2223 CURRY FORD RD. ORLANDO, FL 32806 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 accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete GRUNER, ROBERT C NAME NAME 37324 CR439 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CITY-ST-ZIP MGRM ☐ Delete ☐ Change TITLE Addition TITLE GRUNER, NANCY J NAME NAME 37324 CR 349 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CITY-ST-7/P ☐ Delete TITI F TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

-Robert C. Gruner

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED

Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90066 003 ****50.00