FILED Jan 13, 2006 8:00 am Secretary of State 01-13-2006 90038 041 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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1. Entity Nam	MENT # L05000072						. v u T 3	UG	
Principal Plac	ce of Business	Mailing Address			1				
970 E. LAKE		970 E. LAKE DRIVE							
BARTOW, FL 33830 US		BARTOW, FL 33830 US		1					
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Numbe	·			plied For t Applicable	
Zip	Country	Country Zip Coun		try	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
MAKA DOEN	CTANE EV.T			Name					
970 E. LAI	, STANLEY T KE DRIVE , FL 33830			Street Address (P.O. Box Number is Not Acceptable)					
BARTOW,	, FL 33630								-
	· 2:			City	•		FL	Zip Code	•
	e named entity submits this statement for	or the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of Flo	orida. I am ta	miliar with,	and accept
, the obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature required	d when reinstating)		DATE		 '
	- 34				1			<u>.</u>	
Filing Fee is \$50.00 Due by May 1, 2006							e check pay Departme		
_	, ,,								
9.	MANAGING MEMBE		10.	···-		ADDITIONS/			
TITLE	MGRM	☐ Delete	TITLE					Change	Addition
NAME	WARREN, STANLEY T		NAME						
STREET ADDRESS	970 E. LAKE DRIVE			ET ADDRESS					
City-St-ZiP	BARTOW, FL 33830			-ST-ZIP				- -	
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME	1		NAME						
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