2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

1. Entity Name	MENT # L05000075	828					04-28-2006	90035 01	2 ****50	0.00
Principal Place of Business		Mailing Address				4UUJ	1057			
1314 LAFAYE STE C	ETTE ST	1314 LAFAYETTE ST STE C								
CAPE CORAL,	, FL 33904	CAPE CORAL, FL 3390	4				 			
2. Principal P	face of Business	3. Mailing Address								
1318 Lafayette St. Suite, Apt. #, etc.		1318 Lafayette St. Suite, Apt. #, etc.								
oute, Apt.	π, σιο.	Salto, Apr. II, Stor				42006	Chg-LLC	CR2E08	33 (11/05)	
City & State Cape Coral, FL		City & State Cape Coral, FL		Xá	El Number クーケ	450%	146		plied For t Applicable	
Zip 33004	Country	Zip 33904	Count	ry US	5. C	ertificate o	f Status Desired		5.00 Add	
33904_	US 6. Name and Address of Current			00	7. N	ame and /	Address of New F			
D405D\44				Name	Thomas	W. H	111			
BASERVA, JOSE 5710 SW 10TH AVE				Street A	ddress (P.O. Bo	ox Number	is Not Acceptable	e)		
CAPE CORAL, FL 33914					1318 Lai	fayett	e St.			
				City.						
8. The above	named entity submits this statement for	or the purpose of changing its	registere				, in the State of Flo			
the obligati	ions of registered agent.	Hell						4	-26	5-06
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signati	ier nedw beniuper en	nstating)		DATÉ	- ·	
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	iling Fee Is \$50.00 ue by May 1, 2006							ke check pa a Departme	-	в
	ue by May 1, 2006 MANAGING MEMBE		10.					a Departme	ent of State	
9. trice	MANAGING MEMBE	ERS/MANAGERS	10.		MGRM		ADDITIONS	a Departme	-	B
., Di	ue by May 1, 2006 MANAGING MEMBE		10.		MGRM Hill,		ADDITIONS S W.	a Departme	ent of State	
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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.

SIGNATURE: LLOMAS W HALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Proce #