2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90029 037 ****50.00

DOCUI 1. Entity Name EMPHATI	е	#L05000075			03-16-2006 9	90029 037	****50	.00		
Principal Place of Business 520 S. FEDERAL HIGHWAY STUART, FL 34994			Mailing Address 520 S. FEDERAL HIGHWAY STUART, FL 34994			 	kale: Bibir Abril Dair Adri		ili di li ci Rili	INI III KANI
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02222006	Chg-LLC	CR2E083 ((11/05)	
City & State			City & State			4. FEI Numbe	4483	776		Applicable
Zip	Country		Zip Coun		try	5. Certificate of Status Desired				
6. Name and Address of Current R			egistered Agent		7. Name and Address of New Registered Agent Name					
RUBIN & R	DERAL HI				Street Address (P.O. Box Number is Not Acceptable)					
STUART, FL 34994					City			FL	Zip Code	
8. The above	named entit	ty submits this statement fo	r the purpose of changing its	register	ed office or register	ed agent, or hot	h, in the State of Flo		liar with	and accept
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
		is \$50.00 y 1, 2006						e check paya Department		'
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM RUBIN, G	NIV B	☐ Delete ITTL						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	520 S. FE	EDERAL HIGHWAY , FL 34994	STRE		EET ADDRESS - ST-ZIP					l
TITLE			☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS)				EET ADDRESS					i
CITY-ST-ZIP				TITL	-ST-ZIP				Change	☐ Addition
NAME				NAM	1				•	
STREET ADDRESS CITY-ST-ZIP	l			4	EET ADDRESS -ST-ZIP					
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CITY-ST-ZIP					-ST-ZIP					[
TITLE			☐ Delete	TITL	ŧ				Change	Addition
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CITY-ST-ZIP				CITY	'-ST-ZIP					
TITLE NAME			☐ Delete	TITL	ŧ				Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	L	-,,-,-,-, -,-,-,-,-,-,-,-,-,-,-,-,-,-,-	<i></i>		'-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 shell riting the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received frustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
minico nationi, company or the treatment discounted in report as required by Chapter out, Pionia Statutes.										
SIGNATURE: 2-23-06 7>23132004										
SIGNATURE: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Daytime Phone #										