2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90214 030 ****50.00

1. Entity Nam	10	# L050000820			04-07-2000 30	9214 050	50	7.00		
Principal Place of Business 2840 WEST BAY DRIVE #267			Mailing Address 2840 WEST BAY DRIVE #267							
BELLEAIR BLUFFS, FL 33770			BELLEAIR BLUFFS, FL 33770				## ###################################			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03292006	Chg-LLC	CR2E083 (1	1/05)	
City & State			City & State			4. FEI Numb	D-339028	84		plied For t Applicable
Zip	Country		Zip	Coun	try	5. Certificat	e of Status Desired		O Add equired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
NASH, THOMAS C II					. Ivaline					
	RT STREE	T, STE. 200	Street Address			(P.O. Box Numl	ber is Not Acceptable)			
				City				FL Z	p 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.										and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
And the second s										
Filing Fee is \$50.00 Due by May 1, 2006							I	check payab Jepartment o		,
9.		MANAGING MEMBER	S/MANAGERS			ADDITIONS/CH	HANGES			
TITLE	MGRM Defete		TITLE					hange	Addition	
NAME CORET ADDRESS	CHADWICK, JEFFREY A		NAM							
STREET ADDRESS CITY-ST-ZIP	2840 WEST BAY DRIVE, #267 BELLEAIR BLUFFS, FL 33770				et adoress -st-zip					
TITLE			☐ Delete	TITLE				П	hange	Addition
name			NAME		E			_	٠	
STREET ADDRESS City-St-ZIP					ET ADORESS					
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NAME			☐ Delete	NAMI	l l				nange	Addition
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CITY-ST-ZIP				CITY	-ST-ZIP					
title Name			☐ Delete	TITLE					hange	☐ Addition
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CITY-ST-ZIP					-ST-ZIP					
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NAME STREET ADDRESS				NAMI						
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STREET ADORESS	İ				ET ADORESS					
CITY-ST-ZIP	nomifu the t	o informacion essentiale de la constant	his filter days are 186 f		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.										

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE