


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90036 001 ***138.75

DOCUMENT # L05000085002

1. Entity Name
CMCH, LLC



Principal Place of Business
**1205 ADMIRALTY BLVD
 ROCKLEDGE FL 32955**

Mailing Address
**1205 ADMIRALTY BLVD
 ROCKLEDGE FL 32955**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
 Zip Country

4. FEI Number **25-1924992** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R
 1221 EAST NEW HAVEN AVENUE
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	HESSEE, CLAUDE T	1351 N. COURTENAY PARKWAY, SUITE BB	MERRITT ISLAND FL 32953	<input type="checkbox"/>
MGRM	HESSEE, MARK	1351 N. COURTENAY PARKWAY, SUITE BB	MERRITT ISLAND FL 32953	<input type="checkbox"/>
MGRM	HESSEE, CRAIG	1351 N. COURTENAY PARKWAY, SUITE BB	MERRITT ISLAND FL 32953	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	HESSEE, CLAUDE T.	1205 ADMIRALTY BLVD.	ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	HESSEE, MARK	1205 ADMIRALTY BLVD.	ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	HESSEE, CRAIG	1205 ADMIRALTY BLVD.	ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **MARK HESSEE** **2/15/08 (321) 637-1659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #