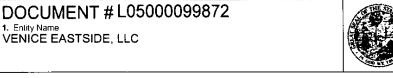
2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT



Principal Place of Business 200 CAPRI ISLES BLVD.

CITY-ST-ZIP

Mailing Address

200 CAPRI ISLES BLVD. VENICE, FL 34292 US

VENICE, FL	34292 US	VENICE, FL 34292 US) B B	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007	Chg-LLC	CR2E08	3 (12/06)		
City & State	e	City & State	City & State		4. FEI Numb				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New I	Registered A	gent	
	14 D) 50 D 500			Name					
420 N RIV			Street /		Street Address (P.O. Box Number is Not Acceptable)				
VENICE, F	-L 34293								
				City			FL	Zip Code	9
	named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age				gistered agent, or bi	oth, in the State of F	lorida. I am fa	mìliar with,	and accept
	iling Fee is \$50.00 ue by May 1, 2007					Make check payable to Florida Department of State			
9.	MANAGING MEME	BERS/MANAGERS	S/MANAGERS 10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM PETERSON, DAVID C 200 CAPRI ISLES BLVD. VENICE, FL 34292	□ Delete		l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JAMES D 400 N. RIVER RD. VENICE, FL 34293	☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS		☐ Oelete	TITLE NAMI STRE	1				☐ Change	Addition

CITY-ST-ZIP

<u> 4807</u>

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 eath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

James D. Taylov DO CHYRINGED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

FILED

Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90255 033 ****50.00

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