## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000106393

SIGNATURE: WWW.



FILED Apr 11, 2006 8:00 am Secretary of State 04-11-2006 90018 002 \*\*\*\*50.00

67-2006

1. Entity Nam 1714 DA									
Principal Place of Business 1401 EAST BROWARD BLVD., SUITE 200		Mailing Address 1401 EAST BROWARD BLVD., SUITE 200							
FORT LAUDERDALE, FL 33301		FORT LAUDERDALE, FL 33301							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-LLC	CR2E083 (11	/05)	
City & State		City & State		4. FEI Numb	oer 20-408	35695		plied For	
Zip	Country Zip Cou		Cour	itry	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			•	7. Name and Address of New Registered Agent					
SCHNEIDER, WALTER 71401 EAST BROWARD BLVD., SUITE 200 FORT LAUDERDALE, FL 33301				Name Street Address (P.O. Box Number is Not Acceptable)					
				City		<del></del> "	FL Zip	Code	9
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									
Filing Fee is \$50.00 Due by May 1, 2006							e check payable a Department of		•
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS.	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNEIDER, WALTER 1401 EAST BROWARD BLVD., S' FORT LAUDERDALE, FL 33301	□ Detele					Ch	ange	☐ Addition
TITLE	MGRM	☐ Delete	TITL				☐ Ch	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADORESS - ST - ZIP					
TITLE	MGRM Delete TITL					·	☐ Ch	ange	Addition
NAME Street address	HERNANDEZ, CHRISTOPHER  1401 EAST BROWARD BLVD., STE 200  STR			ET ADDRESS					
CITY-ST-ZIP	I			-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, ANDREA 1401 EAST BROWARD BLVD., ST FORT LAUDERDALE, FL 33301	□ Delete					□ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Ch	ange	Addition
TITLE NAME		☐ Delete	TITLE		<del>-</del>	······································	□ Ch	ange	Addition
STREET ADDRESS			NAM STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP			*1-8-2		
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.									

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE