2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000107467

T. Entily Name CHAO TENGA, LLC



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business 385 COMMERCE WAY LONGWOOD, FL 32750

Mailing Address

385 COMMERCE WAY LONGWOOD, FL 32750



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3782286

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5:00 Additional Fee Required

6. Name and Address of Current Registered Agent

DULIN, RAMSEY W ESQ. 201 EAST PINE STREET, SUITE 425 ORLANDO, FL 32801-2717

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The above named entity submits this statement for the purpose of chan- the obligations of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida.	l am familier with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when rainstating)		DATE

Filing Fee is \$50.00 Due by May 1, 2007

	9.	MANAGING MEMBERS/MANAGERS
ı	TITLE	MGRM ·
}	NAME	SCHIANO, BIAGIO
1	STREET ADDRESS	385 COMMERCE WAY
	CITY-S1-ZIP	LONGWOOD, FL 32750
-	TITLE	MGRM
	NAME	LIN, HONGBO
	STREET ADDRESS	2705 MAITLAND CROSSING WAY
١	CITY ST-ZIP	ORLANDO, FL 32810
1	TITLE	MGRM
	NAME	SCHIANO, MICHELINA L
Į	STREET ADDRESS	VIA SILIO ITALICO N59
	CITY-ST-ZIP	BACOLI, 80070
Ţ	TITLE	
ł	NAME	
	STREET ADDRESS !	~
l	CITY - ST - ZIP	
1	TITLE	
ĺ	NAME	
١	STREET ADDRESS	
1	CITY-ST-ZIP	
ſ	TITLE	·
1	NAME	
i	STREET ADDRESS	
1	CITY-ST-ZIP	
İ	11. I hereby (certify that the information supplied with this filling does not qualify for the ex-

U00000594237 01/22/07-80064-004 55.00

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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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF

Biasio Schiano

118/07

4078305338

Daytime Phone #