2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 19, 2007 8:00 am Secretary of State

DOCU						•/		
1. Entity Nam DEAN TE				06-19-2007 90077 011 ****50.00				
,		Mailing Address 1864 ORANGE TREE DE	ng Address 64 ORANGE TREE DRIVE		60052002			
EDGEWATER, FL 32141 EDGEWATER, FL 32141				5 4 4 10 \$110 \$1	, je j. od Dij 8800 800 890 890 880 88	1 41 1491 20131 10110 1100 18110 1	 189 1 1891	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06072007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			FEI Number Applied For 20-3782117 Not Applicable			
Zip	Country	Zip	Country		te of Status Desired	S \$5.00 Add Fee Require		
***	6. Name and Address of Current	Registered Agent		7. Name a	d Address of New I	Registered Agent		
TERO DEAN			Name	Name				
TEBO, DEAN 1864 ORANGE TREE DRIVE EDGEWATER, FL 32141		Street Address		dress (P.O. Box Nun	(P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	9	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or t	oth, in the State of Fl	<u> </u>	and accept	
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature	e required when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State			
Due t	by September 14, 2007				1		e	
Due t	by September 14, 2007 MANAGING MEMBE	RS/MANAGERS	10.		Florid		e	
	by September 14, 2007	RS/MANAGERS	10.		Florid	a Department of Stat	e Addition	
9. TITLE NAME	MANAGING MEMBE MGR TEBO, DEAN		TITLE NAME		Florid	A Department of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR TEBO, DEAN 1864 ORANGE TREE DRIVE		TITLE NAME STREET ADDRESS		Florid	A Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR TEBO, DEAN	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florid	A Department of Stat	☐ Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP HTLE	MANAGING MEMBE MGR TEBO, DEAN 1864 ORANGE TREE DRIVE		TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		Florid	A Department of State		
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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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEGY LLC 6.12.07 386 424 9054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayure Proce #