2008 LIMITED LIABILITY COMPANY ANNUAL REPORT					A	FILED Apr 21, 2008 8:00 am Secretary of State			
DOCUI 1. Entity Nam SHELL N.	e	.05000113	469				'y of Stat 318 049 ***138.75		
Principal Place of Business 42 BARKLEY CIRCLE #3 FORT MYERS, FL 33907			Mailing Address 42 BARKLEY CIRCLE #3 FORT MYERS, FL 33907		H COTAL ONLY COTAL COLL CAL		DƏL AK IKG i		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3 Mailing Address POBOX 101526 Suite, Apt. #, etc.		04152008	Chg-LLC	CR2È083 (12/06)		
City & State			Cape Oral 71		4. FEI Numt 20-391			plied For t Applicable	
Zip	Country		339 10 - 1526	Couñtry USA		e of Status Desired	\$5.00 Add Fee Required		
42 BARKL FORT MYE	A, ROBERT L EY CIRCLE # ERS, FL 3390	3 7	r the purpose of changing its re	City	s (P.O. Box Numb	d Address of New R	FL Zip Code		
the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
9,		MANAGING MEMBE	RS/MANAGERS	<u>-</u>	ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ANDREA, R 42 BARKLEY FORT MYERS	CIRCLE #3	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			📋 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~	Change	C Addilion	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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TITLE NAME STREET ADDRESS CFTY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗋 Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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: 4/15/08 (239) 945-1949 BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Data Data Dayling Phone #									