2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam OMAR &	ie	# L05000115 .c	348				04-17-2006	90057 0	11 ****50	00.00
Principal Place of Business 618 GRANDIFLORA DR ORLANDO, FL 32811			Mailing Address 618 GRANDIFLORA DR ORLANDO, FL 32811			II ZBIBI GIIN BBIH SBIH BT	INI 31 0 0 1 21 03 1 03	118 21(h 8(481 hi)	1 21 III 1 20)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03312006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State		4. FEI Numb	388346 C)	_ 	plied For t Applicable	
Zip	Country		Zip	Country		5. Certificate	e of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current F			t Registered Agent		Name	7. Name an	d Address of New I	Registered /	Agent	
HOYOS, C	MAR D									
618 GRANDIFLORA DR				Street Addre		P.O. Box Numb	per is Not Acceptable	e)		
ORLANDO, FL 32811						·				
				City				FL	Zip Code	9
	named entit		for the purpose of changing	ts registere	ed office or registe	red agent, or be	oth, in the State of Fl		amiliar with,	and accept
SIGNATURE .		_								
	Signature, typed	or printed name of registered ager	nt and title if applicable. (NC	TE: Registered	d Agent signature required	t when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
Filing Fee Is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State			
9.	T. Cara	MANAGING MEME		10.	1		ADDITIONS	/CHANGES		
TITLE NAME	MGR HOYOS,	OMAR D	☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS		NDIFLORA DR			ET ADDRESS					
CITY-ST-ZIP	ORLAND	O, FL 32811		CITY	-SI-ZIP					
TITLE	MGR	EDVAZINI E	Delete	TITLE					☐ Change	Addition Addition
NAME STREET ADDRESS	HOYOS, 618 GRAI	NDIFLORA DR			ET ADDRESS					
CITY-ST-ZIP	ORLAND	O, FL 32811		CITY	-ST-ZIP					
TITLE			Delete	TITLE					☐ Change	☐ Addition
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CITY-ST-ZIP				CITY	-ST-ZIP				- to the	
TITLE			Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					
CITY+ST-ZIP				CITY	-ST-ZIP					
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	İ		☐ Delete	TITLE					•	
NAME STREET ADDRESS			☐ Delete	NAMI					•	
			☐ Delete	NAM! STRE	E					
STREET ADDRESS			☐ Delete	NAMI STRE CITY	E EET ADDRESS -ST-ZIP	·			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		Λ		NAMI STRE CITY TITLE NAME	E EET ADDRESS -ST-ZIP E	<u>-</u>				☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		<i>[</i>]		NAMI STRE CITY TITLE NAMI STRE	E EET ADDRESS -ST-ZIP	· · · · · · · · · · · · · · · · · · ·				☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that th	e information supplied w	☐ Delete	NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS - ST-ZIP E E E E E E E ST-ZIP	in Chapter 119	9, Florida Statutes. I	further certify	☐ Change	_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the	e information supplied wi rt is true and accurate ar ny or the receiver or trust		NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS - ST-ZIP E E E E E E E ST-ZIP	in Chapter 119 made under oa ster 608, Florida	9, Florida Statutes. I th; that I am a mana a Statutes.	further certifu	☐ Change	_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the don this repo	e information supplied wirt is true and accurate anny or the receiver or trust	☐ Delete	NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS - ST-ZIP E E E E E E E ST-ZIP	in Chapter 119 made under oa ster 608, Florida	9, Florida Statutes. I th; that I am a mana 9 Statutes.	further certify aging membe	☐ Change	_
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