2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED
Apr 18, 2007 08:00 AM
Secretary of State

ANNUAL REPURI					Secretary of Sta			
1. Entity Nan	MENT # L0500012	2356			S	ecretary (of Sta	
Principal Plac	ce of Business	Mailing Address						
	RISE VISTA DR.	16650 SUNRISE VIST CLERMONT, FL 347						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe 51-0562			oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	S5.00 Add Fee Require	ditional	
1.	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New F	Registered Agent		
.!. KUNJAN.	ΜΑΓΙΑΝ		Name			,		
16650 SU	NRISE VISTA DR. NT, FL 34711	Street Address		ss (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	е	
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing i	ts registered office or regis	stered agent, or both	n, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NC	DTE: Ragistered Agent signature requ	uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered age Illing Fee Is \$50.00 ue by May 1, 2007	ont and title if applicable. (NC	DTE: Registered Agent signature req	ured when reinstating)		DATE se check payable to a Department of Stat	8	
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SIGNATURE F.D.	Signature, typed or printed name of registered age Illing Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMI		10.	ured when reinstating)	Florida	se check payable to a Department of Stat		
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