
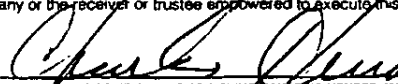


01-19-2007 90132 048 ****50.00

DOCUMENT # L06000016645				01-19-2007 90132 048 ****50.00	
1. Entity Name CH NAP, LLC					
Principal Place of Business 3763 PROGRESS AVENUE NAPLES, FL 34164		Mailing Address 3763 PROGRESS AVENUE NAPLES, FL 34164			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01122007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-4490090	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HURT, CHARLES 3763 PROGRESS AVENUE NAPLES, FL 34164			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE _____ NAME HURT, CHARLES STREET ADDRESS 3763 PROGRESS AVENUE CITY- ST- ZIP NAPLES, FL 34164 <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  1/15/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					