

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90124 008 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                 |                                                                                                                                                                                        |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000029405</b><br>1. Entity Name<br><b>CHINEW 3 LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                 |                                                                                                                                                                                        |  |  |
| Principal Place of Business<br><b>1437 BLUE LAKE CIRCLE<br/>PUNTA GORDA FL 33983<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                 | Mailing Address<br><b>1437 BLUE LAKE CIRCLE<br/>PUNTA GORDA FL 33983<br/>US</b>                                                                                                        |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      | 3. Mailing Address              |                                                                                                                                                                                        |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      | Suite, Apt. #, etc.             |                                                                                                                                                                                        |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | City & State                    |                                                                                                                                                                                        |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                              | Zip                             | Country                                                                                                                                                                                |                                                                                   |  |
| 4. FEI Number<br><b>20-4636465</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                 | <b>\$5.00 Additional Fee Required</b>                                                                                                                                                  |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                 | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                   |  |
| <b>ZIMMERMAN, DALE H<br/>1437 BLUE LAKE CIRCLE<br/>PUNTA GORDA FL 33983</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                 |                                                                                                                                                                                        |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                 |                                                                                                                                                                                        |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                 | 10. ADDITIONS/CHANGES                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MGRM<br/>ZIMMERMAN, DALE H<br/>1437 BLUE LAKE CIRCLE<br/>PUNTA GORDA FL 33983</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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 <i>Dale H. Zimmerman</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                 | Date <i>3/25/07</i> Daytime Phone # <i>941-764-0734</i>                                                                                                                                |                                                                                   |  |