2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 30, 2007 8:00 am Secretary of State

Court Action Principal Place of Business		ANNUAL	KEFOKI			<u>. </u>	Secre	tary or k	State	
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Zip Country Zip Country 3. Certificate of Status Desired \$5.00 Additional Page Required Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and	Suite, Apt.	€, etc.	Suite, Apt. #, etc			04232007	Chg-LLC	CR2E083 (12/06)		
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ROSS, DONALD K JR S99 9TH ST. NO. SUITE 300 NAPLES, FL 34102 City FL 2p Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Portia. I am hamiliar with, and accept the obligation of the state of Portia. I am hamiliar with, and accept the property of the State of Portia. I am hamiliar with, and accept the property of the State of Portia. I am hamiliar with, and accept the property of the State of Portia. I am hamiliar with, and accept the property of the State of Portia. I am hamiliar with, and accept the property of the State of Portia. I am hamiliar with, and accept the property of the State of Portia. I am hamiliar with, and accept the property of the State of Portia. I am hamiliar with, and accept the property of the property of the State of Portia. I am hamiliar with, and accept the property of the property of the State of Portia. I am hamiliar with, and accept the property of the proper		6. Name and Address of Current R	igistered Agent			7. Name and	Address of New	Registered Agent		
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		certify that the information supplied with	this filing does not qualify to			ained in Chapter 119	Florida Statutes Li	urther certify that the into	rmation	

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 repowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SULL STATUS MENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

4/23/2007

614-226-4814