2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 26, 2007 8:00 an Secretary of State	
1. Entity Nam	MENT # L06000046	5856			04-26-2007 90032 044 ****50.00
Principal Place of Business 1801 CARLTON ST. LONGWOOD, FL 32750 US		Mailing Address 1801 CARLTON ST. LONGWOOD, FL 32750 US			60041057
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04172007 Chg-LLC CR2E083 (12/06)
City & State		City & State			4. FELNumber 68-0645608 Applied For Not Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent
the obligat SiGNATURE	ions of registered agent.			City ed office or register Id Agent signature required	
Fi Di	ling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State
9	MANAGING MEMB		10.		ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ÉARNAST L WILL 1801 CARLTON S I DUEWLADD FL	/			[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LONGWOOD VICE TRES. ISECATA LINDA S. WILLA 1801 CARCTON SI LONGWOOD	11049 □ Delete 115 -(32750)			Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	······································	Delete		E IE EET ADDRESS '~ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete			1	Change 🗍 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				Change Addition
TITLE NAME STREET ADDRESS CATY - ST - ZIP	Delete				Change Addition
11. I hereby of indicated limited lia	on this report is true and accurate an bility company or the receiver or trust.	d that my signature shall have t se empowered to execute this i Lee will and the terms to	the exe the sam report as	I Imptions contained e legal effect as if n s required by Chap	Williams (407) 331-7750

,