## 2007 LIMITED LIABILITY **ANNUAL REPORT**

## **FILED** Mar 20, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # L06000051			03-09-20	07 90134	022 **	**50.00	
Principal Plac	a of Business	Mailing Address						
P.O. BOX 441252 P.O. BOX 4412				ļ				
JACKSONVILLE, FL 32222 US		JACKSONVILLE, FL 32222 US						
#101/00/11/1 <u>L</u>	40	710110011110001110						
		<del></del>						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			13 OLDA <b>e</b> ta eta 1600 ou	1 11 M F 4 F 4		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082007	Chg-LLC	CR2E083	(12/06)	
City & State		City & State		4. FEI Numi	her -		I Ac	otied For
				204	993625_			Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired		.00 Add Requires	
	6. Name and Address of Current	Registered Agent	egistered Agent		d Address of New F	tegistered Age	nt	
		Name	Name Street Address (P.O. Box Number is Not Acceptable)					
ROLAND,		Street &						
5789 BIRDS NEST LANE JACKSONVILLE, FL 32222			Scientific	Supplications (c.O. Documental in the Acceptable)				
VACASON	VILLE, FL 32222		[	-				
			City		<del></del>		Zio Code	
						FL	2000	
	named entity submits this statement a done of registered agent.	or the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Fi	orida. I am fam	iliar with,	and accept
. the congat	ports or regustered agent.							
SIGNATURE .	Signature, typed or printed name of registered agen	and 50s if applicable. (NOTE	Redittered Agent signer	ure required when renstating)		DATE		<del></del>
	<u> </u>	7			T			
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			1
9. MANAGING MEMBER		FRS/MANAGERS	10.		ADDITIONS	CHANCES		
IIILE	MGRM	Delete	TITLE		ADDITION		Change	Addition
KAME	ROLAND, RICHETTA	C. OCEN	MAE			_	,	
STREET ADDRESS	6604 GENTLE OAKS DR S		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE				Change	Addition
HAME	ROLAND, MICHAEL		NAME			_	•	
STREET ADDRESS	5789 BIRDS NEST LANE		STREET ADDRESS					
CATY-ST-ZDP	JACKSONVILLE, FL 32222		CTTY-ST-ZIP					
MLE	MGRM	☐ Delete	TITLE				Change	☐ Addition
NAME	ROLAND, BILLY JR		<b>WANE</b>					
STREET ADDRESS	6636 GENTLE OAKS DR S		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP					
TITLE	MCRM	□ nuises	TIRE -				Channe	Antimo

11. I hereby certify that the information supplied with this filling 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.

NAME

ITILE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NUE

NALE

ITILE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CTTY-ST-ZIP TITLE

ROLAND, SYBIL F

6636 GENTLE OAKS DR S

JACKSONVILLE, FL 32244

TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

☐ Detete

☐ Delete

Deveme Phone #

Change Addition

☐ Change ☐ Addition