2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

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1. Entity Nan	MENT # L06000054			03-29-2007	7 90177 043 ***		
Principal Plac	ce of Business AND DR	······································					
	Y, FL 32763	4-1095	1 memali en e		: James and Street Court Court	omin Di 1991	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172007	Chg-LLC	CR2E083 (12/08	·)
City & State		City & State		4. FEI Numbe 2.0 - 4	815240	о H	Applied For Not Applicable
ΖΊρ	Country	Zip	Country	- 1	of Status Desired	See Requi	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent	
BERNADSKI K I			Name				
BEDNARSKI, K.J. 740 HIGHALAND DR ORANGE CITY, FL 32763			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	•		<u> </u>				
			City			FL Zip Co	
6. The above the obligat	named entity submits this statement to tions of repistered agent.	r the purpose of changing its r	egistered office or regi	stered agent, or both			n, and accept
SIGNATURE	Signature, types or printed reams of registered agent in	and this if application (NOTE:	Pergustered Agent signature reg	ured when rendstang)	3-1	26-07	
Filing Fee is \$50.00 Due by May 1, 2007							
F	iling Fee is \$50.00 ue by May 1, 2007					check payable to Department of Sta	ita
9.	MANAGING MEMBE	RS/MANAGERS	10.			Department of Sta	ita
9. ME	MANAGING MEMBE	RS/MANAGERS	TMLE		Florida	Department of Sta	ntaa
9. TITLE	MANAGING MEMBE MGRM BEDNARSKI, K.J.		TITLE NAME		Florida	Department of Sta	
9. ME	MANAGING MEMBE		TMLE		Florida	Department of Sta	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM BEDNARSKI, K.J. PO BOX 741095		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM BEDNARSKI, K.J. PO BOX 741095	☐ Deide	TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME		Florida	Department of Sta	Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM BEDNARSKI, K.J. PO BOX 741095	☐ Deide	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of Sta	Addition
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11. Theraby cartify 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.

RIGNATURE C