2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000058985



FILED Jan 09, 2007 8:00 am Secretary of State

CAVOLI, I			(01-09-2007	90036 02	9 ****51).00
	o of Business /ESTAVIA STREET / BEACH, FL 32413	Mailing Address 113 South Vestavia S Panama City Beach, F						121P1 (P12) E(1	
2. Principal Place of Business - No P.O. Box#		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State		4. FEI Numbe	-50242	30	Applied For Not Applicable		
Zip	Country	Zip	Country	,		of Status Desired	□ \$	5.00 Add se Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
				Name					
415 BECK	, ELIZABETH J RICH ROAD, SUITE 500 CITY BEACH, FL 32407	Street Addr		Street Address (is (P.O. Box Number is Not Acceptable)				
	• ,		}	City			FL	Zip Cod	
8. The above the obligati	named entity submits this statement for	or the purpose of changing its	registered	office or register	red agent, or bot	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or photod-name of registered agent	and title if applicable. (NOTI	E: Registered /	Agent signature required	d when reinstating)		DATE		
Fi	ling Fee & \$50.00 ue by May 1, 2007						e check pa Departme	-	B
9.	MANAGING MEMBI	FRS/MANAGERS	10.		1	ADDITIONS	CHANGES		
TITLE	MGRM	Delete	TITLE					Change	☐ Addition
NAME	BREEZE, PHILLIP		NAME						
STREET ADDRESS	113 SOUTH VESTAVIA STREE			ADDRESS					
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324		CITY-S	51-ZIP					
TITLE	MGRM CAVITT BREEZE, KIM	☐ Delete	TITLE NAME					Change	☐ Addition
NAME STREET ADDRESS	113 SOUTH VESTAVIA STREE	Т		T ADDRESS					
CITY-ST-ZIP	PANAMA CITY BEACH, FL. 324		CITY-S	I					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			4	T ADDRESS					
CITY-ST-ZIP			CITY-S	SI-ZIP				☐ Change	☐ Addition
NAME		☐ Delete	TITLE NAME					∐ Change	☐ Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
IIITE		☐ Delete	MILE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS				T ADDRESS ST-ZIP					
CITY-ST-ZIP				us-tir				☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-20P	_				
11. I hereby	certify that the information supplied wit	th this filing does not qualify fo	or the exen	nptions contained	in Chapter 119,	Florida Statutes. I f	urther certify	that the inf	ormation
Indicated limited lia	d on this report is true and accurate an ability company or the receiver or truste	o that my signature shall have se empowered to execute this	report as	required by Char	pter 608, Florida	statutes.	ана шашра	or manag	or Or Die