2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 27, 2007 8:00 am Secretary of State **DOCUMENT # L06000062887** 03-27-2007 90197 043 ****50.00 C & H NOTE SERVICE, LLC Principal Place of Business Mailing Address SUDDAUDU 15555 76TH ROAD NORTH 15555 76TH ROAD NORTH LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01072007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 7in Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NCTL, Registered Agent signature required when reliabiliting) 31AC Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITS F ☐ Change ☐ Addition ☐ Delete HAUPT, MARSHA STREET ADDRESS 15555 76TH ROAD NORTH STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY ST ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME CHARLA, ANGELA HAME STREET ADDRESS **15555 76TH ROAD NORTH** STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY - ST - 7IP TITLE ☐ Delete TITL F Channe ☐ Addition NAME CHARLA, ANGELA NAME STREET ADDRESS 15555 76TH ROAD NORTH STREET ADDRESS CITY ST-ZIP LOXAHATCHEE, FL 33470 CITY ST ZIP TITLE De ete THE Change Addition NAME HAUPT, MARSHA HAME STREET ADDRESS **15555 76TH ROAD NORTH** STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE ☐ Delete NILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. Hurther 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. Fiorida Statutes.

JRE: / artha Haupt Marsha Haupt
SIGNATURE AND TYPED OR PRINTED HAME OF STOKING MANGGROW MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-22-07

561-422-1079

FILED