

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 MAR -5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 35-2282651 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, SUE
1260 SE INDUSTRIAL BLVD
PORT ST LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name Patterson, Wanda
Street Address (P.O. Box Number is Not Acceptable)
1260 SE Industrial Blvd
City Port St. Lucie FL 34952

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 Wanda H. Patterson

3/1/07
DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GREENE, PAUL ☒ Delete
STREET ADDRESS 1260 SE INDUSTRIAL BLVD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE Member
NAME Schuster, Richard ☐ Delete
STREET ADDRESS 1260 SE Industrial Blvd.
CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME King, James P. ☐ Change ☐ Addition
STREET ADDRESS 3222 NE Skyline Dr.
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

800092354928
03/13/07--01025--022 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

772-335-2116