## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Sep 09, 2008 8:00 am Secretary of State

1. Entity Narr	ve	# L06000123	270			08-25-2	008 90092 018 *	***138.75		
Principal Place of Business 527 BLOSSOM COURT N FT MYERS, FL 33917  Mailing Address 527 BLOSSOM COURT N FT MYERS, FL 33917  N FT MYERS, FL 33917								- <b>-</b> u		
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Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<del></del>	08222008	Chg-LLC	CR2E083 (12/06)	)	/	
City & State			City & State		4. FEI Num	0-8174	/ 1 <del>    -   -</del>	oplied For lot Applicable	OMBNO.	
Zip		Country	Zip Coun		ıπλ	5. Certificate of Status Desired 55.00 Additional Fee Required		Iditional	1545~005	
6, Name and Address of Current Registered Agent					-	7. Name ar	nd Address of New			
BERGER, EDWARD J					Name					
527 BLOSSOM COURT N FT MYERS, FL 33917					Street Address (P.O. Box Number is Not Acceptable)					
					City		. <u>.</u>	FL Zip Coo	de	
			or the purpose of changing it	s register	ed office or regis	stered agent, or b	ooth, in the State of F	lorida. I am familiar with	, and accept	
The obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tide if egol(cable (INDTE: Regestered Agent signature required when ministrating)  DATE										
	Signature, types	or printed name of registered agent	end pile if applicable (NO	TE: Regetere	ed Agent signature requ	ired when reinstating)	1	DATE		
FILI Due	E NOWIII by Septe	FEE IS \$138.75 ember 12, 2008	In accordance with liability company di	s. 607.1 id not red	193(2)(b), F.S., ceive the prior	the Ilmited notice.		ke chack payable to la Department of Stat	to .	
9,		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		l
TITLE	MGRM Delete BERGER, EDWARD J				E AE		Ctange Addition			
NAME.					EEI ADORESS 7-S1-ZIP					ı
TILE	NELWIT	1 (-	☐ Delete	TITL	·			Change	Addition	
NAME	(	5.7	C. June	HAA	AE.					
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TITLE NAME					E Æ			Change	Addition	
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TIFLE			Delete	1917				Change	Addition _	. <b>.</b>
NAME				NAM	RE EET ADORESS					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP					
THLE			☐ Delete	TITL				☐ Change	☐ Addition	
NAME SIREET ADDRESS				STRI	EE1 ADORESS					
C11Y-\$1-2IP				CITY	/-\$1-ZIP			<u> </u>		
ITILE NAME			Octob	TITL NAM				Change	☐ Addition	
STREET ADDRESS				STA	EET ADDRESS					
CHY-ST-24P		a latermation	this filing does not aver the st		r-SI-ZP	ad in Chantar 116	Plorida Statutos 11	hurther carries that the las-	ormatice	
11. I hereby certify that the information supplied with this filing does not quality 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 ceth; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 8/23/08 612-816-0756										
PARIOIS	UNE.			*****			A	Daniel Property		

EDWARD BERGER