2008 LIMITED LIABILITY COMPANY

FILED May 20, 2008 8:00 am Secretary of State

ANNUAL REPORT

519					05-20-2008 9	90055 002	2 ***138	.75	
of Business Mailing Address POINT BLVD., SUITE 100 15000 SHELL POINT BLVD., SUITE 100 33908 FT. MYERS, FL 33908									
ce of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.				03282008	Chg-LLC	CR2E08	3 (12/06)		
City & State				4. FEI Numb	oer			plied For t Applicable	
Zip	Zip Country			5. Certificate of Status Desired Space \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS ST.									
TALLAHASSEE, FL 32301									
			City Zip Code						
B. 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 acceptations of registered agent.								and accept	
SIGNATURE									
and title if applicable. (NOTI	E: Registered	Agent signatur	e required s	when reinstating)		DATE			
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RS/MANAGERS	10.								
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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.									
	15000 SHELL POINT E FT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. City & State Zip Registered Agent or the purpose of changing its and title if applicable. (NOT Delete Delete Delete Delete Delete	Mailing Address 15000 SHELL POINT BLVD., SUFT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. City & State Zip Count Registered Agent (NOTE: Registered ITTLE NAME STREE CITY- Delete TITLE NAME STREE CITY- That my signature shall have the exerce That my signature shall have the exerce That my signature shall have the exerce That my signature shall have the same That my signature shall have the exerce That my signature shall have the same That my signature shall have the same	Mailing Address 15000 SHELL POINT BLVD., SUITE 100 FT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Address In the purpose of changing its registered office or and title if applicable (NOTE, Registered Agent signature) (NOTE, Registered Agent signature) The NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z	Mailing Address 15000 SHELL POINT BLVD., SUITE 100 FT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Address (F City or the purpose of changing its registered office or registered and title if applicable (NOTE: Registered Agent signature required STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRES	Mailing Address 15000 SHELL POINT BLVD., SUITE 100 FT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. O3282008 City & State City & State A. FEI Numb Street Address (P.O. Box Numb City In the purpose of changing its registered office or registered agent, or be Street Address (P.O. Box Numb City In the purpose of changing its registered Agent signature required when renstating) Mame Street Address (P.O. Box Numb City In the purpose of changing its registered Agent signature required when renstating) Obelele If the NAME STREET ADDRESS CITY-ST-ZIP Delele TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delele TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	Mailing Address 15000 SHELL POINT BLVD., SUITE 100 FT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. City & State City & State Country 5. Certificate of Status Desired Registered Agent Name Street Address (P.C. Box Number is Not Acceptable City city The purpose of changing its registered office or registered agent, or both, in the State of File (NOTE Registered Agent signature readed when remaisring) Make FIRST MANAGERS 10. ADDITIONS, CITY-ST-2IP Detele TITLE NAME STREET ADDRESS CITY-ST-2IP Detele TITLE NA	Mailing Address 15000 SHELL POINT BLVD., SUITE 100 FT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. 03282008 Chg-LLC CR2E08 City & State 4. FEI Number 7. Name and Address of New Registered All Point Provided The P	Mailing Address 15000 SHELL POINT BLVD., SUITE 100 FT. MYERS, FL 33908 3. Mailing Address Suite, Apt. #, etc. 03282008 Chg-LLC CR2E083 (12/06) City & State 2. City & State 4. FEI Number 5. Certificate of Status Desired 55.00 Add Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 2. City City FL 2. City The purpose of changing its registered diffice or registered agent, or both, in the State of Florida. It am familiar with, which is applicable (NOTE Registered Agent sensitive requisitered agent, or both, in the State of Florida. It am familiar with, Make check payable to Florida Department of State STREET ADDRESS CITY-ST-2P Delete ITILE MARE STREET ADDRESS CITY-ST-2P Delete MARE STREET ADDRESS CITY-	