2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

	ANNUAL KEPUKI					Secretary or State			
DOCU	MENT # L070000	13518	1 THE			04-25-2008 9	0026 031 ***138	3.75	
 Entity Nam 									
				353)		6002	K 3 Z W		
	ce of Business CIA TERRACE	Mailing Address 153 NE ACACIA TERRA	ce les: 1			000₽°	0020		
	CH, FL 34957	JENSEN BEACH, FL 34	4957						
Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		Mailing Address							
Suite, Apt.	#, eic.	Suite, Apt. #, etc.			04222008	Chg-LLC	CR2E083 (12/06)		
City & Stat	le	City & State	da Fi		4. FEI Numbe	ır	\ <u></u>	pplied For ot Applicable	
Zip	Country	2110E0	Country		5. Certificate	of Status Desired	\$5.00 Ad	ditional	
	6. Name and Address of Cur	rent Registered Agent	1 01210		7. Name and	Address of New R	<u>.</u>		
ANDERSO	Name								
	CEOLA STREET		Street A	ddress (P.O. Box Numbe	er is Not Acceptable	9)		
			City				FL Zip Coo	de	
	named entity submits this stateme tions of registered agent.	ent for the purpose of changing it	s registered office of	r register	ed agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE									
	Signature, typed or printed name of registered.	agent and title if applicable (NO	TE. Registered Agent signal	ure required	when reinstating)	÷	DATE		
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538	B.75					e check payable to Department of Sta	te	
9.	MANAGING ME		10.		L	ADDITIONS/	CHANGES		
HILE	MGR	MBERS/MANAGERS	10.	,					
NAME STREET AUDRESS CHY-ST-ZIP	CHRISTIE, LORENZA A — 153 NE ACACIA TERRASE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ohr	istie l	Jestora Jescie I	☐ Change	M Addition	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED OF

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATIVE Date (TO) 205-97163