## FILED Apr 21, 2008 8:00 am Secretary of State

ANNUAL REPORT	

ANNUAL KEPUK I									
DOCU  1. Entity Nam  500 DIXIE		159			նասես		00322 032 ***	138.75	
Principal Plac	e of Business	Mailing Address			] :				
	DIXIE HIGHWAY	500 SOUTH DIXIE HIGH	WAY						
303	EC E) 22146		303						
CORAL GABLES, FL 33146 CO		CORAL GADLES, FL 33	CORAL GABLES, FL 33146 US			BERN ICER BENN CENT BER	. <b>69 (10</b> 4)(0) (69 <b>0</b> 0 (10 <b>0</b> 1 <b>0</b> )	B   B   B   B   B   B   B   B   B   B	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			04172008	Chg-LLC	CR2E083 (12/0		
City & Stat	•	City & State			4. FEI Number	141661		Applied For Not Applicable	
Zip	- Country	Zip ·	Coun	itry	<u> </u>	of Status Desired	Fee Req	Additional uired	
<del></del>	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent		
JUNKIN C	YNTHIA D			I Name				1	
JUNKIN, CYNTHIA D 500 SOUTH DIXIE HIGHWAY 303				Street Address (P.O. Box Number is Not Acceptable)					
CORAL G	ABLES, FL 33146								
				City			FL Zip (	Code	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	L ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar w	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	1 when reinstating)	·	DATE		
FILE After May	: NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	5					e check payable Department of S		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLI	E			☐ Chan	ge Addition	
NAME	JUNKIN, JOHN E IV NAME		E						
STREET ADDRESS				ET ADDRESS				ļ	
City-St-ZIP	CORAL GABLES, FL 33146 CITY-		-ST-ZIP		_				
TITLE	MGRM Delete TITLE					☐ Chan	ge Addition		
NAME STREET ADDRESS	500 SOUTH DIXIE HIGHWAY	JUNKIN, CYNTHIA D		ET ADDRESS					
CITY-ST-ZIP	· •			-SI-ZIP					
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NAME STREET ADDRESS			NAM STRE	E Et address					
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TITLE		☐ Delete	TITU	E			€ Char	ige 🔲 Addition	
NAME			NAM	-			•	,	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			•	_	
·	cortifu that the information are allered. The	this filling class and more fill.		- '	in Chesta: 110	Elorido Ctotutes 11	ethor portifications	information	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truster	that my signature shall have	the sam	e legal effect as if n	nade under oath	i; that I am a manag	ritier certify that the ing member or mar	nager of the	
SIGNATURE: JUNE JUNE 305665-0641									
SIGNAT	URE:	F SIGNING MANAGING MEMBER, MAI	HN MAGER, OF	AUTHORIZED REPRESE	ENTATIVE	Date 7 · 1 / · 0 8	م) ک کے کے Daytime Phor		