## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 27, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # L07000047	7819				03-27-2008	90083	033 ***1	36./3
Principal Place of Business 1500 SOUTHEAST 17TH STREET BUILDING 300 0CALA, FL 34471 US		Mailing Address 1500 SOUTHEAST 17TH STREET BUILDING 300 OCALA, FL 34471 US				0173	in and a second	<b>(88</b> )	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	•						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Numbe	er -			oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered /	Agent	
				Name					
ROZANSKI, RONALD J 1500 SOUTHEAST 17TH STREET BUILDING 300 OCALA, FL 34471				Street Address	s (P.O. Box Numbe	r is Not Acceptable	)		
00.121,1				City			FL	Zip Cod	<u></u>
8. The above	named entity submits this statement f	or the purpose of changing it	s ranistar		ered arrest, or bot	h in the State of Ele		.	
the obligat	ions of registered agent.	or the purpose of changing it	a registeri	en aure or regist	ered agent, or bot	ii, iii lile State oi Fio	ilua. I airi	amıllar wiln,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	1 and title if applicable. (NO	TE: Registere	d Agent signature requir	red when reinstating)	<del></del>	DATE		
ì .									
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5					e check p Departm	ayable to ent of State	9
After May	y 1, 2008 Fee will be \$538.7 خات المعادية		10.			Florida	Departm	ent of State	e
After May	y 1, 2008 Fee will be \$538.7	ERS/MANAGERS	10.	<u> </u>			Departm	ent of State	
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11. I hereby certify that the information supplied with this filling 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

3-18-08

352-732 6676

Date

Daytime Phone #