2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 26, 2008 8:00 am Secretary of State 04-24-2008 90015 033 ***138.75

1. Entity Name	е	# L070000541		-						
Principal Place of Business			Mailing Address]				
1272 GINGER CIRCLE WESTON, FL 33326-3627			1272 GINGER CIRCLE WESTON, FL 33326-3627			30011035				
2. Principal Pi	lace of Busin	ess - No P.O. Bax #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02052008	Chg-LLC	CR2E	E083 (12/06)	
City & State			City & State			4. FEI Numb	per		<u> </u>	pplied For t Applicable
Zip	Country		Zip	Country		5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current R	agistared Agent	t Name			d Address of New	Registered	d Agent	
SMITH, MI	CHAEL L	CPA -								
470188TH AVENUE NORTH #415 PINELLAS PARK, FL 33782				Street Address		(P.O. Box Numi	ber is Not Accepta	ble)		
		,. [†] :		City				F	L Zip Cod	6
:8. The above		y submits; this statement for	the purpose of changing its	register	ad office or registe	ered agent, or b	oth, in the State of	Florida, I ar	n familiar with,	and accept
	ions or regist	erad agant.								
SIGNATURE .	Signature, typed	or printed name of registered agens ar	nd side if epplicable. (NOT	E:Registere	d Agent signature require	ed when remstating)	,	DATE		
FILE After May	NOW!!! 1, 2008	FEE 1S \$138.75 Fee will be \$538.75							payable to ment of State	*
9.		MANAGING MEMBER	RS/MANAGERS	10.		· · · · · · · · · · · · · · · · · · ·	AODITION	S/CHANGE	S	
TITLE	MGRM	IN ICAN	Defete	1111	ŀ				☐ Change	Addition
NAME STREET ADORESS	AUGUSTI 1272 GIN	GER CIRCLE	NAME STREET ADDRE		-					
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CITY-S1-ZIP	<u> </u>				-ST-ZIP	A1 0:				
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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: / Jean / Common of the state of t										