2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam CHEDBO		743					3 90272 009 **	
Principal Plac	e of Business	Mailing Address				}		
7871 CADENHEAD ROAD Laurel Hill, Fl. 32567		7871 CADENHEAD ROAD			1 . 16	• •	.•	
LAUKEL HILL	,FL 3230 <i>1</i>	LAUREL HILL, FL 3256	,					PP4 HIP41 HA 1944
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
	rme as above	Same as	96	ove		U		088 HIBSI HI HEBI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01252008	Chg-LLC	CR2E083 (12	(06)
City & Stat	9	City & State			4. FEI Numb	er o -		Applied For
7:-	Country	7:	0		38 -	377499		Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	₩ \$5.00 Fee Re	Additional quired
	6. Name and Address of Current	Registered Agent		N (7. Name and	Address of New I	Registered Agent	
CHEDISTE	ER. ROBERT W			Name				
7871 CAD	ENHEAD ROAD IILL, FL 32567			Street Address	eet Address (P.O. Box Number is Not Acceptable)			
LAUKELF	HLL, FL 32301							
				City			FL Zip	Code
	named entity submits this statement for	r the purpose of changing its r	egistered	office or registe	red agent, or bo	th, in the State of F	lorida. I am familiar	with, and accept
	ions of registered agent.	ta				7	am. Ad	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature required	d when reinstating)		8 Mar 08	
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	5		·			ke check payable la Department of	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	`
TITLE NAME	MGR CHEDISTER, ROBERT W	☐ Delete	TITLE NAME				☐ Cha	inge 🗌 Addition
STREET ADDRESS	7871 CADENHEAD ROAD			ADDRESS				o.
CITY-ST-ZIP	LAUREL HILL, FL 32567		CITY-ST	-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				☐ Cha	inge
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-ST	-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				☐ Cha	inge 🗌 Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	-		CITY-ST	T-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				☐ Cha	inge
STREET ADDRESS				l l				
				ADDRESS				
CITY-ST-ZIP			CITY-ST	I				
TITLE		☐ Delete	CITY-ST	I			☐ Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST TITLE NAME	I			☐ Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET A	ADDRESS				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS 1-ZIP ADDRESS ADDRESS				

I nereby certify triat the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert W Chedister	Robert W Chedister	28 Maril 8	950-218-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING	Date	Daytime Phone #	