

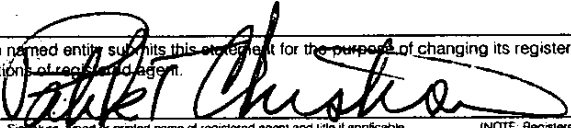
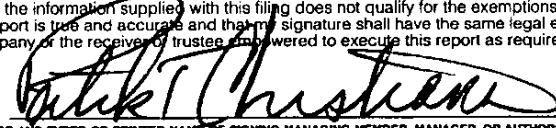


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90079 021 \*\*\*\*50.00

<b>DOCUMENT # L99000008390</b> 1. Entity Name <b>CH ENTERPRISES, L.L.C.</b>					
Principal Place of Business <b>255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801</b>			Mailing Address <b>255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>420 South Orange Avenue</b> Suite, Apt. #, etc. <b>Suite 1200</b>		3. Mailing Address <b>Post Office Box 231</b> Suite, Apt. #, etc.			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>59-3614550</b>	
Zip <b>32801</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHRISTIENSEN, PATRICK T 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>Patrick T. Christiansen</b> Street Address (P.O. Box Number is Not Acceptable)  <b>420 South Orange Avenue, Suite 1200</b> City <b>Orlando</b> <b>FL</b> <b>32801</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>1-30-06</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTIENSEN, PATRICK T 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Patrick T. Christiansen 420 South Orange Avenue Orlando, Florida 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUBER, DONALD M 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Donald M. Huber 625 Main Street, Suite 27 Windermere, Florida 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <b>1-30-06</b> DAYTIME PHONE: <b>407-419-8345</b>		