2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2006 8:00 am Secretary of State

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Principal Place	_	Mailing Address				40	U113	ð U	
IRVING, TX 75038		15TH FLOOR PHILADELPHIA, PA 19103			# # ## ################################	1817) HOW SEW ESWE	THI TRU ETION I	1 1 11	ien i (fi 1 30)
2. Principal Pl	lace of Business Corporate Deive	3. Mailing Address							
Suite, Apt. #, etc. ## 400		Suite, Apt. #, etc. 21st Floor		(02022006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State		4	. FEI Numbe 04-3506			<u> </u>	pplied For at Applicable
Zip TGO!	Country	Zip	Country	5	. Certificate	of Status Desired	. 🗆	\$5.00 Add Fee Required	
	6. Name and Address of Current R	legistered Agent		7	:- Name and	Address of New	Registered	Agent	
	0-1-01-01-01-01		Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Address		ddress (P.C	(P.O. Box Number is Not Acceptable)				
			0					7in Cod	
			City				FL	Zip Cod	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered	agent, or both	h, in the State of F	Rorida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a			,					
		ng tille if applicable. (NOIE	: Registered Agent signatu	ine required whe	n reinstating)	4	DATE		
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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: JOSA MANAGER MANAGER OF BUSINES MANAGER OF AUTHORIZED REPRESENTATIVE