2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2005 8:00 am Secretary of State

Name and Address of Current Registered Agent South April P. Name and Address of Current Registered Agent South April P. Name and Address of Current Registered Agent South April P. Name and Address of Current Registered Agent South April P. Name and Address of Current Registered Agent South April P. Name and Address of Current Registered Agent South April P. Name and Address of Current Registered Agent South April P. Name and Address of New Registered Agent S	1. Entity Nam	e IL CAPIT	# M0100002 FAL MANAGEMENT ANY			03-22-2005	90187 0	01 ***1	00.00		
Sulle, Apt. F. etc.	21 W. BROAD	ST., 11TH		205 COUNTY TRUNK H							
Sulles, Apt. # eff.c. Sulles, Apt. # eff.c. Sulles	2. Principal Place of Business			3. Mailing Address							
S. Name and Address of Current Registaned Agent S. Name and Address of Current Registaned Agent T. Name and Address of New Registered Agent The Name Address of New Registered Agent The Name Address Agent Ag	Suite, Apt. #, etc.						03162005	Chg-LLC	CR2E	083 (10/0	03)
S. Satisfaction of Status Disease Fig. Required 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named entity submits it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmisar with, and accept the obligations of registered agent. SigNATURE FILING Fee is \$50,00 Pure by May 1, 2005 Make check payable to Florida Department of State P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANQES 10. ADDITION	City & State			City & State							
Name Street Address (P.O. Box Number is Not Acceptable)	- Zip		,		Coun	try				Fee Req	
CTCORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50,000 BMSR ANALOSS FILING Fee is \$50,000 BMSR ANALOSS COUMBUS, OH 43215 TITLE NMS SIGNATURES TITLE NMS SIGNATURES TITLE NMS SIGNATURES COUMBUS, OH 43215 TITLE NMS SIGNATURES TITLE TITLE NMS SIGNATURES TITLE NMS SIGNATURES TITLE TITLE		6. Name	and Address of Current F	Registered Agent		Name	7. Name and	d Address of New	Registered	Agent	
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed to printer name of registered sport are like if societies POEE Registered Apent signature required when restancy					Street Address			per is Not Acceptat	ole)		
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NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1 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 11. STREET ADDRESS CITY-S1-ZIP 12. STREET ADDRESS CITY-S1-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1 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 614.220.8900	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	KLINGBE 21 W. BR	EIL, JAMES D ROAD ST., 11TH FLOOR	Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -SI-ZIP E E EET ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		ADDITION	S/CHANGE	☐ Chan	nge □ Addition
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