2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: William SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 20, 2006 08:00 AM Secretary of State

DOCUMENT # M0300000468				v
1. Entity Nam CHEF CC	DMPANY LLC	:F		
Principal Plac 2 PLUM STRI WILDER, KY	EET	Mailing Address 2 PLUM STREET WLDER, KY 41076	1	
DO NOT WRITE IN THIS SPA		CE	### D2132008 No Chg-LLC	
Name and Address of Current Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE
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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Sphalue, typed or purified name of registered agent and the if applicable (NOTE Registered Agent appellure required when remaining). DATE				
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBER	RS/MANAGERS	1	
Title Name Street address City-st-zip	MGR SCHULER, WILLIAM M 2 PLUM STREET WILDER, KY 41076			100000433763 03/02/06-80014-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISTER, CHRISTOPHER L 2 PLUM STREET WILDER, KY 41076			1331 BC + DB - BBB 14-13B2 - 20 • BB
1171.E NAME STRECT AOBRESS CITY-57-21P	MGR CASTELLINI, ROBERT H 2 PLUM SYREET WILDER, KY 41076			DO NOT WRITE
THE NAMC STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
title name stree1 address city+st-lif				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions comained 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 trusted expowered to execute this report as required by Chapter 608, Florida Statutes.				