

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000022745  
 1. Entity Name  
 THE CHARTERED LAW OFFICES OF BENJAMIN K. PHIPPS, L.L.C.



Principal Place of Business: 215 SOUTH MONROE STREET, SUITE 802 TALLAHASSEE, FL 32301  
 Mailing Address: PO BOX 1351 TALLAHASSEE, FL 32302

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC CR2E083 (10/03)  
 4. FEI Number 59-2242414 Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PHIPPS, BENJAMIN K  
 215 SOUTH MONROE STREET, SUITE 802  
 TALLAHASSEE, FL 32301

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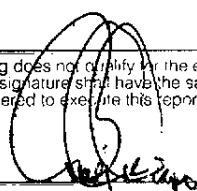
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**  
 U00000180740  
 01/14/05-80017-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHIPPS, BENJAMIN K 215 SOUTH MONROE STREET, SUITE 802 TALLAHASSEE, FL 32301
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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 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:  DATE: 12 January 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE