

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022745

**FILED  
Aug 20, 2009  
Secretary of State**

**Entity Name:** THE CHARTERED LAW OFFICES OF BENJAMIN K. PHIPPS, L.L.C.

**Current Principal Place of Business:**

201 S MONROE ST 4TH FL  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1351  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-2242414      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHIPPS, BENJAMIN K  
201 S MONROE ST 4TH FL  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** PHIPPS, BENJAMIN K  
**Address:** POST OFFICE BOX 1351  
**City-St-Zip:** TALLAHASSEE, FL 32302

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN K. PHIPPS

MGRM

08/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date