


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Mar 17, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000022949</b>	
1. Entity Name CHAP, LLC	

Principal Place of Business 221 N.E. 35TH STREET OCALA, FL 34479	Mailing Address 221 N.E. 35TH STREET OCALA, FL 34479
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01212005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBIOL, CHARLES H  
221 N.E. 35TH STREET  
OCALA, FL 34479

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B ALBIOL, CHARLES H 221 NE 35TH ST. OCALA, FL 34479
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03/17/05-80085-018 50.00

**DO NOT WRITE  
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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: Charles H Albiol MAR 3, 2005 352-6272-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #