


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90022 010 ****50.00

DOCUMENT # L03000022949	
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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20038441

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2303 N. PINE AVE	Suite, Apt. #, etc. 2303 N. PINE AVE.

04262006 Chg-LLC CR2E083 (11/05)

City & State OCALA, FL	City & State OCALA, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 34475-9258	Country US	Zip 34475-9258	Country US

51-0472561

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALBIOL, CHARLES H 221 N.E. 35TH STREET OCALA, FL 34479		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

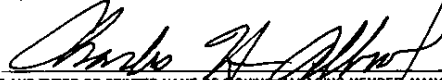
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B ALBIOL, CHARLES H 221 NE 35TH ST. OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMA ALBIOL, CHARLES H. 2303 N. PINE AVE. OCALA, FL 34475-9258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4-26-06 (352) 622-6500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #