


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90082 038 ***138.75

DOCUMENT # L03000022949
 1. Entity Name
CHAP, LLC



Principal Place of Business 2303 N PINE AVE OCALA, FL 34475-9258	Mailing Address 2303 N PINE AVE OCALA, FL 34475-9258
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DO NOT WRITE IN THIS SPACE

60016363



03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0472561	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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	B ALBIOL, CHARLES H 221 NE 35TH ST. OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBIDOL, CHARLES H 2303 N PINE AVE OCALA, FL 344759258
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DO NOT WRITE IN THIS SPACE

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: *Charles H. Albiol* M M 3-24-08 352-622-6500

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