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WILLIAMS 8
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FILED
Jul 25, 2006 8:00 am
Secretary of State

05-08-2006 90042 004 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000029013	
1. Entity Name CHALES, LLC	

Principal Place of Business 5106 WEST SAN JOSE STREET TAMPA, FL 33629 US	Mailing Address 5106 WEST SAN JOSE STREET TAMPA, FL 33629 US
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30014104



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04242006 Chg-LLC CR2E083 (11/05)

City & State	City & State
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4. FEI Number 20-2560241	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DURRANCE, CHAD G 5106 WEST SAN JOSE STREET TAMPA, FL 33629	

7. Name and Address of New Registered Agent	
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, name or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when requesting)

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

Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	MGRM						
	DURRANCE, CHAD G	5106 WEST SAN JOSE STREET	TAMPA, FL 33629				
	MGR						
	DURRANCE, LESLIE H	5106 WEST SAN JOSE STREET	TAMPA, FL 33629				

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 606, Florida Statutes.

SIGNATURE:  DATE: **4/26/06** **513-253-5551**
SIGNATURE AND PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE