


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000029013**  
 1. Entity Name  
**CHALES, LLC**



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

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2560241	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 DURRANCE, CHAD G  
 5106 WEST SAN JOSE STREET  
 TAMPA, FL 33629

**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 \_\_\_\_\_ 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, 2007**

U00000617648  
 02/07/07-80084-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURRANCE, CHAD G 5106 WEST SAN JOSE STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DURRANCE, LESLIE H 5106 WEST SAN JOSE STREET TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Chad G. Durrance*      *1-22-07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #