

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036795

**FILED**  
**Mar 03, 2007**  
**Secretary of State**

**Entity Name:** CHIP INVESTMENTS, LLC

**Current Principal Place of Business:**

1365 S.E. 73RD PLACE  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

1365 S.E. 73RD PLACE  
OCALA, FL 34480 US

**New Mailing Address:**

FEI Number: 20-2718884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLAUGHLIN, DONNA P  
1365 S.E. 73RD PLACE  
OCALA, FL 34480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATCO TRANSPORT, INC., .  
Address: 10272-B S.E. 58TH AVENUE  
City-St-Zip: BELLEVIEW, FL 34421 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCLAUGHLIN, PATRICK  
Address: 1365 SE 73RD PLACE  
City-St-Zip: OCALA, FL 34480 US

Title: MGRM ( ) Change (X) Addition  
Name: PAT & DONNA MCLAUGHL, IN HUSBAND & W I FE TBE  
Address: 1365 SE 73RD PLACE  
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK MCLAUGHLIN

MGRM

03/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date