


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000020803
 1. Entity Name
 ANTHONY CHAVERS ENTERPRISES, LLC



Principal Place of Business 5724 WHISPERING WOODS DR. PACE, FL 32571 US	Mailing Address 5724 WHISPERING WOODS DR. PACE, FL 32571 US
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DO NOT WRITE IN THIS SPACE



03092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4391772	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

CHAVERS, ANTHONY J
 5724 WHISPERING WOODS DR.
 PACE, FL 32571

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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	MGRM CHAVERS, ANTHONY J 5724 WHISPERING WOODS AVE PACE, FL 32571
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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: Anthony J Chavers Date: 4-28-8

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