



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ **FILED**
Mar 06, 2007 8:00 am
Secretary of State

02-12-2007 90302 048 ****50.00

DOCUMENT # L06000033776					
1. Entity Name CHAZ & DONA, LLC					
Principal Place of Business 1300 PARK OF COMMERCE BLVD., STE. 200 DELRAY BEACH, FL 33445			Mailing Address 1300 PARK OF COMMERCE BLVD., STE. 200 DELRAY BEACH, FL 33445		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 20-3544639			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			7. Name and Address of New Registered Agent		
CABELA, CHAZ 1300 PARK OF COMMERCE BLVD., STE. 200 DELRAY BEACH, FL 33445			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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when remaining)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABELA, CHAZ		NAME		
STREET ADDRESS	1300 PARK OF COMMERCE BLVD., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABELA, DONA		NAME		
STREET ADDRESS	1300 PARK OF COMMERCE BLVD., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		2/1/07		(561)274-7417	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
Chaz Cabela					