## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000062003** 

1. Entity Name

CHRISTOPHER RICE ENTERPRISES, LLC



FILED Jun 02, 2008 08:00 AM Secretary of State

Principal Place of Business

489 HOLLYWOOD STREET ORMOND BEACH, FL 32176 Mailing Address

489 HOLLYWOOD STREET ORMOND BEACH, FL 32176



DO NOT WRITE IN THIS SPACE

05092008 No Chg-LLC CR2

CR2E083 (12/07)

4. FEI Number 56-2593245

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, CHRISTOPHER 489 HOLLYWOOD STREET ORMOND BEACH, FL 32176

## 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 registored agent.	

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICE, CHRISTOPHER 489 HOLLYWOOD STREET ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET APPRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 accumule and that my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED MAME OF STORING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

May 28

8 386-566-1808

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Daytime Phone #