2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

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Entity Name: CHAIRES & HAMMOND, P.L.

Current Principal Place of Business:

283 CRANES ROOST BLVD.
STE 165
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

283 CRANES ROOST BLVD.
STE 165
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-5771252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAIRES, GREGORY A
283 CRANES ROOST BLVD.
STE 165
ALTAMONTE SPRINGS, FL 32701 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: MGR ( ) Delete
Name: CHAIRES, GREGORY A
Address: 283 CRANES ROOST BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY A. CHAIRES MGR 01/03/2008

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