## **2008 LIMITED LIABILITY COMPANY**

## **FILED** Feb 22, 2008 8:00 am **Secretary of State**

## **ANNUAL REPORT**

DOCUMENT # L06000117126 02-22-2008 90039 007 \*\*\*138.75 CHAMBLISS TURNPIKE LLC Principal Place of Business Mailing Address 6550 NORTH FEDERAL HIGHWAY, STE. 240 6550 NORTH FEDERAL HIGHWAY, STE. 240 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-8111167 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAMBLISS, JOE A Street Address (P.O. Box Number is Not Acceptable) 6550 NORTH FEDERAL HIGHWAY, STE. 240 FORT LAUDERDALE, FL 33308 City 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. the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition CHAMBLISS, JOE A NAME NAME STREET ADDRESS 6550 N FEDERAL HIGHWAY #240 STREET ADDRESS CITY - ST - 71P FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ТЛІЕ TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP

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:

SIGNATURE AND TYPED OR PENTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #