2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000000664

1. Entity Name CHASE BROKERAGE LLC



FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

GOODWIN SQ., 225 ASYLUM STREET 29TH FLOOR HARTFORD, CT 06103-1538 US

Mailing Address

C/O CHASE ENTERPRISES 225 ASYLUM ST., 29TH FL HARTFORD, CT 06103-1538 US



02012007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	Applie	d For
	20-2212799	Not Ap	plicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOODWIN SQ., 225 ASYLUM ST., 29TH FL

HARTFORD, CT 061031538

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chairons of registered agent.	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	DATE
	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TULE	MGRM		
NAME	CHASE, CHERYL A	ļ.	
STREET ADDRESS	GOODWIN SQ., 225 ASYLUM ST., 29TH FL		
CITY-ST-ZIP	HARTFORD, CT 061031538	i	
TITLE	MGRM		U00000735611
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U5/18/07-80040-003 50.DO

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STREET ADDRESS CITY-ST-7(P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

2007

860-549-1674

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

Daylime Phone #