

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004743

**Entity Name:** CHANCE PHILIPS OWNER, LLC

**Current Principal Place of Business:**

25 N. MARKET STREET STE 201  
C/O CHANCE PARTNERS  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

25 N. MARKET STREET STE 201  
C/O CHANCE PARTNERS  
JACKSONVILLE, FL 32202 US

**FEI Number:** 82-1477566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

|                 |  |                 |  |
|-----------------|--|-----------------|--|
| Title           | P  | Title           | VP   |
| Name            | BOBILIN, JUDD                                      | Name            | ROSEN, JEFFREY                                     |
| Address         | 25 N. MARKET STREET STE 201<br>C/O CHANCE PARTNERS | Address         | 25 N. MARKET STREET STE 201<br>C/O CHANCE PARTNERS |
| City-State-Zip: | JACKSONVILLE FL 32202                              | City-State-Zip: | JACKSONVILLE FL 32202                              |
|                 |  |                 |  |
| Title           | AUTHORIZED REPRESENTATIVE                          |                 |  |
| Name            | PRITCHARD, ELIZABETH                               |                 |  |
| Address         | 25 N. MARKET STREET STE 201<br>C/O CHANCE PARTNERS |                 |  |
| City-State-Zip: | JACKSONVILLE FL 32202                              |                 |  |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH PRITCHARD

**AUTHORIZED REP**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date