2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007653

1. Entity Name BRANDON CHASE, LLC



Principal Place of Business

4501 BEVERLY AVENUE JACKSONVILLE, FL 32210

Mailing Address

4501 BEVERLY AVENUE JACKSONVILLE, FL 32210

FILED Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90037 026 ****50.00

24047825



02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
59-3719706	Not Applicable
	S5.00 Additional

5. Certificate of Status Desired

\$5.00 Additiona Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or	both, 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
Fi	iling Fee is \$50.00 ue by May 1, 2004	(10 C. region to Agent Spring Police of Control of Cont	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

CITY-ST-ZIP

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

904-384-6964

Dayt