
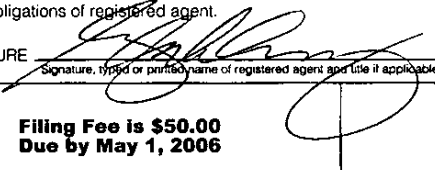



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90128 031 ****50.00

DOCUMENT # L01000008741 1. Entity Name GLEN EVERETT CHANEY, L.L.C.					
Principal Place of Business 202 N. HARBOR CITY BLVD., STE. 300 MELBOURNE, FL 32935			Mailing Address 202 N. HARBOR CITY BLVD., STE. 300 MELBOURNE, FL 32935		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3722684	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYWORTH & CHANEY, P.A. 202 N. HARBOR CITY BLVD., STE. 300 MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Hayworth Chaney & Thomas PA Street Address (P.O. Box Number is Not Acceptable) 202 N. Harbor City Blvd #300 City Melbourne FL Zip Code 32935	
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.					
SIGNATURE 		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHANEY, GLEN E 202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHANEY, GLEN E 202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHANEY, GLEN E 202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
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, typed or printed name of signing managing member, manager, or authorized representative Glen E. Chaney			
Date 3-7-06		Daytime Phone #			

20014595



02072006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYWORTH & CHANEY, P.A.
202 N. HARBOR CITY BLVD., STE. 300
MELBOURNE, FL 32935

Name **Hayworth Chaney & Thomas PA**
Street Address (P.O. Box Number is Not Acceptable) **202 N. Harbor City Blvd #300**
City **Melbourne** FL Zip Code **32935**

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
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Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHANEY, GLEN E
202 N. HARBOR CITY BLVD., SUITE 300
MELBOURNE, FL 32935

TITLE
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SIGNATURE:

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

Date

Daytime Phone #