

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012835

FILED  
Jul 28, 2004  
Secretary of State

Entity Name: CHASE, LLC

**Current Principal Place of Business:**

2912 RIVER POINT DR.  
DAYTONA BEACH SHORES, FL 32118

**New Principal Place of Business:**

515 CARSWELL AVE  
105  
HOLLY HILL, FL 32117

**Current Mailing Address:**

231 RIVERSIDE DR  
HOLLY HILL, FL 32117

**New Mailing Address:**

515 CARSWELL AVE  
105  
HOLLY HILL, FL 32117

FEI Number: 59-3747491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAUGHAN, KATHRYN A ESQ.  
110 E. GRANADA BLVD., STE. 104  
ORMOND BEACH, FL 32176 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LYNCH, KELLY  
Address: 231 RIVERSIDE DR  
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LYNCH, KELLY  
Address: P.O. BOX 265642  
City-St-Zip: DAYTONA BEACH, FL 32126

Title: MGRM ( ) Change (X) Addition  
Name: LYNCH, KELLY  
Address: P.O. BOX 265642  
City-St-Zip: DAYTONA BEACH, FL 32126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KELLY LYNCH

MGRM

07/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date