
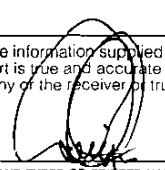


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90124 038 ***138.75

DOCUMENT # L01000022745 1. Entity Name THE CHARTERED LAW OFFICES OF BENJAMIN K. PHIPPS, L.L.C.					
Principal Place of Business 215 SOUTH MONROE STREET, SUITE 802 TALLAHASSEE, FL 32301			Mailing Address PO BOX 1351 TALLAHASSEE, FL 32302		
2. Principal Place of Business - No P.O. Box # 201 S. Monroe Street			3. Mailing Address Suite, Apt. #, etc. 4th Floor		
City & State Tallahassee, FL			City & State Tallahassee, FL		
Zip 32301		Country US		4. FEI Number 59-2242414	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PHIPPS, BENJAMIN K 215 SOUTH MONROE STREET, SUITE 802 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Benjamin K. Phipps Street Address (P.O. Box Number is Not Acceptable) 201 S. Monroe Street Suite, Apt. #, etc. 4th Floor City Tallahassee FL 32301		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHIPPS, BENJAMIN K 215 SOUTH MONROE STREET, SUITE 802 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Benjamin K. Phipps Post Office Box 1351 Tallahassee, FL 32302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 8 Apr 08 Daytime Phone # 850-222-7000					

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