


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019286 1. Entity Name CHIU'S INVESTMENT, LLC	
---	---

Principal Place of Business 10927 LAKE ANDOVER BLVD. TAMPA, FL 33624	Mailing Address 10927 LAKE ANDOVER BLVD. TAMPA, FL 33624
--	--



02222006 No Chg-LLC

CR2E0B3 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0555209	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent CHIU, YU-JEN 10927 LAKE ANDOVER BLVD. TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHIU, YU-JEN 10927 LAKE ANDOVER BLVD. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000451499
03/10/06-80096-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Yu-Jen Chiu*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-26-06 (813) 9617236
Date Daytime Phone