


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90562 027 ****50.00

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| DOCUMENT # L02000019865 1. Entity Name CHRISTOPHER, CHADWICK & O'MALLEY, LLC |  |
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| Principal Place of Business 47 PARK STREET APT 6 BANGOR ME 04401 | Mailing Address 47 PARK STREET APT 6 BANGOR ME 04401 |
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| 2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc. SAME AS ABOVE | 3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. SAME AS ABOVE |
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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 22-3863523 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



MOORE CR2E083 (11/03)

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| 6. Name and Address of Current Registered Agent CHRISTOPHER, JILL 15350 AMBERLY DRIVE, #3222 TAMPA FL 33647 | 7. Name and Address of New Registered Agent Name Jill Christopher Street Address (P.O. Box Number is Not Acceptable) 3501 Bayshore Blvd # 1105 City TAMPA FL Zip Code 33629 |
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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: Jill Christopher DATE: 3/25/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHRISTOPHER, JILL 15350 AMBERLY DRIVE, #3222 TAMPA FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Jill Christopher DATE: 3/25/04 (207) 852-1315

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