

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90079 009 ***138.75

DOCUMENT # L02000019865

1. Entity Name
 CHRISTOPHER, CHADWICK & O'MALLEY, LLC



Principal Place of Business: 3501 BAYSHORE BOULEVARD, SUITE 1105, TAMPA FL 33629, US
 Mailing Address: 3501 BAYSHORE BOULEVARD, SUITE 1105, TAMPA FL 33629, US



2. Principal Place of Business - No P.O. Box #: 7979 GULF BLVD, APT # 174, Navarre Bch, Florida 32566, USA
 3. Mailing Address: 7979 GULF BLVD, # 174, Navarre Bch, FL 32566, USA

1st MOORE CR2E083 (10/07)

4. FEI Number: 22-3863523
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: CHRISTOPHER, JILL, 3501 BAYSHORE BLVD #1105, TAMPA FL 33629
 7. Name and Address of New Registered Agent: Jill Christopher, 7979 GULF BLVD # 174, Navarre Bch, FL 32566

Just Address Change

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]* DATE: 4/21/08

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: MGRM NAME: CHRISTOPHER, JILL STREET ADDRESS: 3501 BAYSHORE BLVD, # 1105 CITY-ST-ZIP: TAMPA FL 33629	<input type="checkbox"/> Delete	TITLE: Jill Christopher NAME: Jill Christopher STREET ADDRESS: 7979 GULF BLVD # 174 CITY-ST-ZIP: Navarre Bch FL 32566	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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 exemptions contained in Section 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]* DATE: 4/21/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Jill Christopher
 Daytona Phone # 850 499-4749