


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90549 014 ****50.00

DOCUMENT # L02000019865

1. Entity Name Christopher Chadwick & O'Malley LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>15350 Amberly Drive</u>		3. Mailing Address <u>15350 Amberly Drive</u>	
Suite, Apt. #, etc. <u>Apt # 3222</u>		Suite, Apt. #, etc. <u>Apt # 3222</u>	
City & State <u>TAMPA, Florida</u>		City & State <u>TAMPA, Florida</u>	
Zip <u>33647</u>	Country <u>U.S.A.</u>	Zip <u>33647</u>	Country <u>U.S.A.</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>22-3863523</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Jill Christopher</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>15350 Amberly Drive #3222</u>			
City <u>TAMPA</u> FL Zip Code <u>33647</u>			

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 4-08-03

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. (MANAGING MEMBERS/MANAGERS)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MBRM</u> <u>Jill Christopher</u> <u>15350 Amberly Drive</u> <u>TAMPA, Florida 33647 #3222</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 4-08-03 Daytime Phone # (813) 977-8566

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

CR2E083B (12/02)