


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 018 ****55.00

DOCUMENT # L02000023389 1. Entity Name CHIBBCO ENTERPRISES, LLC					
Principal Place of Business 300 EAST STATE STREET UNIT E JACKSONVILLE, FL 32202			Mailing Address 300 EAST STATE STREET UNIT E JACKSONVILLE, FL 32202		
2. Principal Place of Business 331 E. Church St. Suite, Apt. #, etc.			3. Mailing Address Same as Principal. Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32202		Country		4. FEI Number 81-0570302	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIBBERTON, HARRY L JR. 300 EAST STATE STREET UNIT E JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Harry Chibberton Jr. Street Address (P.O. Box Number is Not Acceptable) 331 E. Church St. City Jacksonville FL Zip Code 32202	
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 <u><i>Harry Chibberton Jr.</i></u> DATE <u>7-13-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIBBERTON, HARRY B SR 300 EAST STATE STREET UNIT E JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harry Chibberton Sr. 331 E. Church St. Jacksonville, FL 32202	<input checked="" 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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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
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: <u><i>Harry Chibberton Jr.</i></u> DATE <u>7-13-04</u> DAYTIME PHONE # <u>866-231-0621</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					