

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032219

Entity Name: C H PROPERTIES LLC

FILED  
May 03, 2005  
Secretary of State

**Current Principal Place of Business:**

402 REID AVENUE  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

402 REID AVENUE  
PORT ST. JOE, FL 32456 US

**New Mailing Address:**

FEI Number: 16-1644280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RISH, GIBSON & SCHOLZ, P. A.  
206 E. FOURTH STREET  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: COX, JAMES A  
Address: 402 REID AVENUE  
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGR ( ) Delete  
Name: HARTLINE, JEFFERY L  
Address: 5301 PROVIDENCE ROAD, SUITE 30  
City-St-Zip: VIRGINIA BEACH, VA 23464

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES A COX

MGRM

05/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date