

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032219

Entity Name: C H PROPERTIES LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

402 REID AVENUE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

212 W. HWY 98
SUITE C
PORT ST. JOE, FL 32456 US

Current Mailing Address:

402 REID AVENUE
PORT ST. JOE, FL 32456 US

New Mailing Address:

212 W. HWY 98
SUITE C
PORT ST. JOE, FL 32456 US

FEI Number: 16-1644280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

COX, JAMES A
212 W. HWY 98
SUITE C
PORT ST. JOE, FL 32456 US

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: JAMES A. COX

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: COX, JAMES A
Address: 212 W. HWY 98, SUITE C
City-St-Zip: PORT ST. JOE, FL 32456 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/30/2008

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