


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000001983 1. Entity Name CHOPESHAW L.L.C.	
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Principal Place of Business 8048 SUMMER BREEZE SPRING HILL, FL 34606	Mailing Address 8048 SUMMER BREEZE SPRING HILL, FL 34606
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DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
06-1694681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

5. Name and Address of Current Registered Agent SHAW, ROBERT P 8048 SUMMER BREEZE SPRING HILL, FL 34606
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6. 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, typed or printed name of registered agent or officer if applicable. (NOTE: Registered Agent's signature required when reinstating)) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000386150
01/18/06-80046-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CHOPE, RONALD D 6750 DONALDSON TROY, MI 48065
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CHOPE, MATTHEW E 29259 STILLWATER FARMINGTON, MI 48334
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SHAW, ROBERT P 8048 SUMMER BREEZE SPRING HILL, FL 34606
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  1-10-06