

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009751

Entity Name: CHUB PROPERTIES, LLC

FILED  
Feb 15, 2008  
Secretary of State

**Current Principal Place of Business:**

1407 W NEWPORT CENTER DR.  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1407 W NEWPORT CENTER DR.  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 11-3686995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MINERLEY, KENNETH L  
C/O BLOCH, MINERLEY & FEIN, P.L.  
980 NORTH FEDERAL HIGHWAY, SUITE 412  
BOCA RATON, FL 33432 US

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

KAMM, ROBERT  
1407 W NEWPORT CENTER DR  
DEERFIELD BEACH, FL 33442 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: ROBERT KAMM

02/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAMM, ROBERT A  
Address: 1407 W NEWPORT CENTER DR.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGRM ( ) Delete  
Name: BROWN, BRADLY  
Address: 1407 W NEWPORT CENTER DR.  
City-St-Zip: DEERFIELD BEACH, FL 33442

**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 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: ROBERT KAMM

MGRM

02/15/2008

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