

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012370

FILED
Jan 04, 2008
Secretary of State

Entity Name: CHASTAIN FINANCIAL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

PO BOX 880908
PORT ST LUCIE, FL 349880908 US

New Principal Place of Business:

9632 CROOKED STICK LANE
PORT ST LUCIE, FL 349863290 US

Current Mailing Address:

PO BOX 880908
PORT ST LUCIE, FL 349880908 US

New Mailing Address:

FEI Number: 56-2333908 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHASTAIN, OWEN F SR
9632 CROOKED STICK LANE
PORT ST LUCIE, FL 34986 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/MANAGERS:

Title: MGRM () Delete
Name: CHASTAIN, DEBORAH L MBR
Address: 7464 SCARLET IBIS LANE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM () Delete
Name: CHASTAIN, OWEN F MGRM
Address: 9632 CROOKED STICK LANE
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGRM () Delete
Name: CHASTAIN, HAROLD MBR
Address: 41 TIDY ISLAND BOULEVARD
City-St-Zip: BRADENTON, FL 34210 US

Title: MGRM () Delete
Name: CHASTAIN, RUTH A MBR
Address: 5202 38TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209 US

ADDITIONS/CHANGES:

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

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

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: OWEN F CHASTAIN

MGRM

01/04/2008

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