

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012370

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CHASTAIN FINANCIAL LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

9632 CROOKED STICK LANE  
PORT ST LUCIE, FL 349863290 US

**New Principal Place of Business:**

**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

01/14/2009

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