

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012370

FILED
Jan 03, 2011
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:

10741 GREY HERON COURT
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:

CHASTAIN, OWEN F SR
10741 GREY HERON COURT
PORT ST LUCIE, FL 34986 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: OWEN F CHASTAIN

01/03/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM
Name: CHASTAIN, OWEN F MGRM
Address: 10741 GREY HERON COURT
City-St-Zip: PORT ST LUCIE, FL 34986 US

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

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

I hereby 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

01/03/2011

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