2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Mar 24, 2005 08:00	
DOCU	MENT # L03000	013304		Secretary of State	
1. Entity Nan	ne RY CHASE, L.L.C.				•
COOMIT	T ORASE, L.L.O.				
Principal Plac	ce of Business	Mailing Address			
	ORIDA AVENUE	1420 S. FLORIDA AVENUE			
lakeland,	FL 33803	LAKELAND, FL 33803		,	
DO NOT WRITE IN THIS SPA			CE	03012005No Chg-LLC	CR2E083 (10/03)
_				4. FEI Number 14-1882366	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of C	urrent Registered Agent		1	Fee Required
UADDED			<u> </u>		
HARPER, PAUL SEAN 1420 S. FLORIDA AVENUE				DO NOT WE	RITE
LAKELAND, FL 33803				IN THIS SPA	ACE
				114 11110 017	102
8. The above	named entity submits this stater	ment for the purpose of changing its registe	red office or register	ad agent or both in the State of Floric	No. I am familiar with and account
the obligat	tions of registered agent.	nora to are purpose or strainging his registe.	en onice or register	en agers, or both, arrie state of Floric	za. Tamiamaa wiiri, anu accept
SIGNATURE.		*			
	Signature, typed or printed name of register	ed agent and title if applicable (NOTE, Register	ed Agent signature required	when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2005				·
9.		MEMBERS/MANAGERS			
TITLE NAME	MGR HARPER, PAUL SEAN				
STREET ADDRESS	1420 S. FLORIDA AVENUE	E			
CITY-ST-ZIP	LAKELAND, FL 33803				274628 80019-016 50.00
title Name				U3724/05-1	80019-016 50.00
STREET ADDRESS			ı		
CITY-ST-ZIP					
TITLE			<u> </u>		MARKANIAN ASS Y # .
NAME STREET ADDRESS			Ĭ		
CITY-ST-ZIP				DO NOT WE	RITE
TIME				IN THIS SPA	ACE
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STREET ADDRESS CITY-ST-ZIP			1		
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NAME					
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CITY-ST-ZIP			4		
TITLE NAME			1		
STREET ADDRESS	^		J		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Baytime Phone #