

# **2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000018748

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** CHASTOM, LLC

**Current Principal Place of Business:**

1906-D 59TH STREET WEST  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

1906-D 59TH STREET WEST  
BRADENTON, FL 34209

**New Mailing Address:**

**FEI Number:** 55-0833158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EBLING, JAMIE A ESQ  
1915 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TOMEIO, CHARLES A  
Address: 1906-D 59TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

Title: MGRM ( ) Delete  
Name: BEVELOCK, THOMAS  
Address: 3633 CORTEZ ROAD WEST  
City-St-Zip: BRADENTON, FL 34210

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: WARES CREEK DEVELOPM, ENT, LLC  
Address: 1915 MANATEE AVENUE WEST  
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN BAZAIRE

MGRM

04/14/2005

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