

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90032 016 ****50.00

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DOCUMENT # L03000019344 1. Entity Name CHUBBLES INVESTMENTS LIMITED LIABILITY COMPANY			
Principal Place of Business 902 PALM LANE REDONDO BEACH, CA 90278		Mailing Address 902 PALM LANE REDONDO BEACH, CA 90278	
2. Principal Place of Business - No P.O. Box # 1732 Aviation Blvd.		3. Mailing Address 1732 Aviation Blvd.	
Suite, Apt. #, etc. #219		Suite, Apt. #, etc. #219	
City & State Redondo Beach, CA		City & State Redondo Beach, CA	
Zip 90278-2810	Country USA	Zip 90278-2810	Country USA
6. Name and Address of Current Registered Agent JONES, KYLE 7855 ARGYLE FOREST BLVD. SUITE 401 JACKSONVILLE, FL 32244		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTIS-LEIST, CHRISTINE R 902 PALM LANE REDONDO BEACH, CA 90278	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pettis-Leist, Christine R 1732 Aviation Blvd. #219 Redondo Beach, CA 90278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIST, JEFFREY J 902 PALM LANE REDONDO BEACH, CA 90278	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Leist, Jeffrey J 902 Palm Lane Redondo Beach, CA 90278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Christine R Pettis-Leist</i>		Date: 4-10-07 Daytime Phone: 310-748-3856	