

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022160

FILED  
May 12, 2007  
Secretary of State

**Entity Name:** CHASCO DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

8410 SW 155TH TERRACE  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

8410 SW 155TH TERRACE  
PALMETTO BAY, FL 33157

**New Mailing Address:**

FEI Number: 01-0802297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HOGUE, PATRICK ESQ  
1228 WEST AVENUE, UNIT 607  
MIAMI BEACH, FL 33139 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GLASER, SCOTT P  
Address: 1648 S BAYSHORE DR #1  
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete  
Name: ADAMS, CHARLES S  
Address: 8410 SW 155TH TERR  
City-St-Zip: PALMETTO BAY, FL 33157

**ADDITIONS/CHANGES:**

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: SCOTT GLASER

MGR

05/12/2007

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