

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025516

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** THE CHAMELEON COMPANY, LLC

**Current Principal Place of Business:**

21 COYER RD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

21 COYER RD  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

FLAHERTY, JAMES M  
21 COYER RD  
HAINES CITY, FL 33844

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FLAHERTY, JAMES M MGRM  
Address: 21 COYER RD  
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM ( ) Change (X) Addition  
Name: COLE, MICHAEL A MGRM  
Address: 21 COYER RD  
City-St-Zip: HAINES CITY, FL 33844

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: JAMES M. FLAHERTY MGRM 04/28/2004

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