

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000041875**

1. Entity Name  
**CHANCE PROPERTIES, LLC**



Principal Place of Business  
**14095 43RD ROAD NORTH  
LOXAHATCHEE, FL 33470 US**

Mailing Address  
**14095 43RD ROAD NORTH  
LOXAHATCHEE, FL 33470 US**



01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3706754**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BEYOND ACCOUNTING & BOOKEEPING, INC.  
1801 S. FEDERAL HWY  
SUITE 238 218  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

1-30-07

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000619173  
02/03/07-80060-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
A CUT ABOVE LANDSCAPE AND MAINTENANCE, INC  
14095 43RD ROAD NORTH  
LOXAHATCHEE, FL 33470**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

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

1-30-07

Date

561 745-1995

Daytime Phone #