

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042026

**FILED**  
**Mar 11, 2007**  
**Secretary of State**

**Entity Name:** CHIP CALDWELL & ASSOCIATES, LLC

**Current Principal Place of Business:**

43 DOLPHIN DRIVE  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3273  
SAINT AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 56-2235991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALDWELL, CHARLES A JR.  
P.O. BOX 3273  
SAINT AUGUSTINE, FL 32085 US

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

CALDWELL, CHARLES A JR.  
43 DOLPHIN DRIVE  
SAINT AUGUSTINE, FL 32080 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: CHARLES CALDWELL, JR.

03/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CALDWELL, CHARLES A JR.  
Address: 43 DOLPHIN DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES CALDWELL, JR.

MGR

03/11/2007

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