



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049206 1. Entity Name RICHARD CHAMBLISS L.L.C.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">05 SEP 16 PM 3:25</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304				Mailing Address 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304			
2. Principal Place of Business			3. Mailing Address			 09162005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number APPLIED FOR						<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHAMBLISS, RICHARD 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$50.00 Due by October 1, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAMBLISS, RICHARD 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBLISS, LEWIS 630 RED FERN RD. HAVANA, FL 32333 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUELTAW, JAMES JR 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">700059817107</div> <div style="text-align: center;">09/21/05--01026--001 **\$50.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, CHRIS 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify 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 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>Richard Chambliss</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				9-16-05 <small>Date</small>			
				<small>Daytime Phone #</small>			