

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000051294

FILED
Jul 29, 2007
Secretary of State

Entity Name: JASON & ROBERT CHANEY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

31606 LAKEVIEW DRIVE
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

31606 LAKEVIEW DRIVE
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 68-0573589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHANEY, JASON
31606 LAKEVIEW DRIVE
EUSTIS, FL 32736 US

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/MANAGERS:

Title: MGR () Delete
Name: CHANEY, JASON
Address: 31606 LAKEVIEW DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: MGR () Delete
Name: VERHEYEN, JEREMY R
Address: 32205 PINE ROAD
City-St-Zip: EUSTIS, FL 32736

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KRUPPENBACHER, JOSEPH H
Address: 31644 LAKEVIEW DR.
City-St-Zip: EUSTIS, FL 32736

Title: MGR () Change (X) Addition
Name: DOOLEY, ROBERT
Address: 47903 BEAR RD.
City-St-Zip: ALTOONA, FL 32702

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: JASON CHANEY

MGR

07/29/2007

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