


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90108 050 ****50.00

DOCUMENT # L04000008882					
1. Entity Name CHANG & ASSOCIATES, LLC					
Principal Place of Business 926 SANTA MARIA BLVD SAINT AUGUSTINE, FL 32086 US			Mailing Address 926 SANTA MARIA BLVD SAINT AUGUSTINE, FL 32086 US		
2. Principal Place of Business 1717 S SUMMERRIDGE CT Suite, Apt. #, etc.		3. Mailing Address 1717 S SUMMERRIDGE CT Suite, Apt. #, etc.			
City & State ST AUGUSTINE, FL Zip 32092		City & State ST AUGUSTINE, FL Zip 32092		4. FEI Number 20-1141475	
Country ST JOHNS		Country ST JOHNS		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name CHANG, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1717 S SUMMERRIDGE CT City ST AUGUSTINE FL Zip Code 32092		
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 <u><i>William Chang</i></u> DATE <u>7/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG, WILLIAM 926 SANTA MARIA BLVD SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 S SUMMERRIDGE CT 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSCHEN, ELAINE 545 BOXWOOD DR SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 S SUMMERRIDGE CT 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERCHES, RICARDO 926 SANTA MARIA BLVD SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 S SUMMERRIDGE CT 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>William Chang</i></u>			DATE: <u>7/12/05</u> DAYTIME PHONE: <u>904-377-4615</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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