

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012922

Entity Name: CHILES CONSULTING, LLC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

3523 S. FLETCHER AVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

3523 S. FLETCHER AVE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 88-0483148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILES, J. HUNTER II
3523 S. FLETCHER AVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

CHILES, J. HUNTER III
3523 S. FLETCHER AVE
FERNANDINA BEACH, FL 32034 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: J. HUNTER CHILES, III

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHILES, J. HUNTER II
Address: 3523 S. FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR () Delete
Name: CHILES, DIANNA M
Address: 3523 S. FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHILES, J. HUNTER III
Address: 3523 S. FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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 Section 119.07(3)(i), 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: J. HUNTER CHILES, III

MGRM

01/10/2005

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