

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020389

Entity Name: CHRIS MARKHAM, LLC

**FILED**  
**Jul 17, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

281 SE SECLUSION GLN  
LAKE CITY, FL 320253836

**New Principal Place of Business:**

**Current Mailing Address:**

281 SE SECLUSION GLN  
LAKE CITY, FL 320253836

**New Mailing Address:**

FEI Number: 59-4034464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HARKHAM, CHRISTOPHER  
281 SE SECLUSION GLN  
LAKE CITY, FL 320253836 US

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

MARKHAM, CHRISTOPHER  
281 SE SECLUSION GLN  
LAKE CITY, FL 320253836 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: CHRISTOPHER MARKHAM

07/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HARKHAM, CHRISTOPHER  
Address: 281 SE SECLUSION GLN  
City-St-Zip: LAKE CITY, FL 320253836

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARKHAM, CHRISTOPHER  
Address: 281 SE SECLUSION GLN  
City-St-Zip: LAKE CITY, FL 320253836

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: CHRISTOPHER MARKHAM

OWNE

07/17/2005

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