

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000021653

1. Entity Name
CHAMAX, LLC



**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90026 013 ****55.00

Principal Place of Business
500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

Mailing Address
500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0889408

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AIRTH, HAL A JR
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME MAXWELL, LAWRENCE W
STREET ADDRESS 500 SOUTH FLORIDA AVENUE, SUITE 700
CITY-ST-ZIP LAKELAND, FL 33801

Delete
TITLE MGR
NAME T+A Family Partnership
STREET ADDRESS 500 S. FLORIDA AVE STE 700
CITY-ST-ZIP LAKELAND FL 33801

Change Addition

TITLE MGR
NAME CHAPMAN, TOM R
STREET ADDRESS 14550 58TH STREET NORTH
CITY-ST-ZIP CLEARWATER, FL 33760

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Kim S Kelley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/05 863-647-1581

Date

Daytime Phone #

Kim S Kelley