2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90010 035 ****55.00

DOCUMENT # L04000021653

1. Entity Name
CHAMAX, LLC

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

01122006   Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-0889408		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

7. Name and Address of New Registered Agent

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME YTVA FAMILY PARTNERSHIP STREET ADDRESS 500 SOUTH FLORIDA AVENUE, SUITE 700 CITY-ST-ZIP LAKELAND, FL 33801	☐ Delete	TITLE MGR NAME T+A Family Partnership STREET ADDRESS CITY-ST-ZIP	☑ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME 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 exemptions contained in Chapter 119, 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   4/28/06   863-647-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Kim S Kelley