2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# L04000021653

Entity Name: CHAMAX, LLC

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 20-0889408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: T & A FAMILY PARTNER, SHIP
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR ( ) Delete
Name: CHAPMAN, TOM R
Address: 14550 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SCHREIBER, MARK E
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK E. SCHREIBER VP 07/11/2007

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