

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021653

Entity Name: CHAMAX, LLC

FILED  
Apr 23, 2009  
Secretary of State

## 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 (X)

## 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:

PETER A MCFARLANE PA  
500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 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: PETER A MCFARLANE

04/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: T & A FAMILY PARTNERSHIP  
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: VP ( ) Delete  
Name: SCHREIBER, MARK E  
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700  
City-St-Zip: LAKELAND, FL 33801 US

## ADDITIONS/CHANGES:

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

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

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

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: JIM D LEE

VP

04/23/2009

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