

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022957

1. Entity Name
CHAZ 3231 L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
JUL 26 2005

05 JUL 29 AM 9:37

Principal Place of Business
3460 FAIRLANE FARMS ROAD, SUITE 8
WELLINGTON, FL 33414

Mailing Address
3460 FAIRLANE FARMS ROAD, SUITE 8
WELLINGTON, FL 33414

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRUITT, WILLIAM E
3030 SOUTH DIXIE HIGHWAY, SUITE 5
WEST PALM BEACH, FL 33405

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: *M. Chazkowski* DATE: 7-26-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM CZAJKOWSKI, GARY F 8035 DILLMAN ROAD WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CZAJKOWSKI, MARY J 8035 DILLMAN ROAD WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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03/14/05-90595-012-\$55.00

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: *M. Chazkowski* DATE: 7-26-05

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