

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 28, 2005  
Secretary of State**

DOCUMENT# L04000062968

Entity Name: FAT CHANCE, LLC

**Current Principal Place of Business:**

2504 AVE. G NW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

2504 AVE. G NW  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 20-2486167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DESROCHERS, CHRISTOPHER  
2504 AVE. G NW  
WINTER HAVEN, FL 33880      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/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: JOSEPH, TRIPP E MGR  
Address: P.O. BOX 941  
City-St-Zip: LK ALFRED, FL 33850

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH E TRIPP

MGR

03/28/2005

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