

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062968

Entity Name: FAT CHANCE, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

2504 AVE. G NW
WINTER HAVEN, FL 33880

New Principal Place of Business:

1300 EVALYN DR S.E.
WINTER HAVEN, FL 33880

Current Mailing Address:

2504 AVE. G NW
WINTER HAVEN, FL 33880

New Mailing Address:

P.O. BOX 941
LAKE ALFRED, FL 33850

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:

TRIPP, JOSEPH E
1300 EVALYN DR S.E.
WINTER HAVEN, FL 33880 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: JOSEPH E TRIPP

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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

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

MGR

04/23/2007

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