

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070973

FILED
Jul 29, 2005
Secretary of State

Entity Name: CHP, LLC

Current Principal Place of Business:

P.O. BOX 678
TAVERNIER
FLORIDA KEYS, FL 33070

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 678
TAVERNIER
FLORIDA KEYS, FL 33070

New Mailing Address:

FEI Number: 20-1726132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

WIGHTMAN, CAROLYN
91495 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 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: CAROLYN WIGHTMAN

07/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WIGHTMAN, CAROLYN
Address: P.O. BOX 678
City-St-Zip: TAVERNIER, FLORIDA KEYS, FL 33070

Title: MGRM () Delete
Name: WIGHTMAN, CHARLES E
Address: P.O. BOX 678
City-St-Zip: TAVERNIER, FLORIDA KEYS, FL 33070

ADDITIONS/CHANGES:

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 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: CAROLYN WIGHTMAN

MGMR

07/29/2005

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