

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070973

FILED  
Feb 08, 2007  
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:**

91495 OVERSEAS HIGHWAY  
TAVERNIER  
FLORIDA KEYS, FL 33070

**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 ( )

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

CATARINEAU & CATARINEAU, LLC  
91760 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070 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/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 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: CAROLYN WIGHTMAN      MGRM      02/08/2007

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