2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L04000072414

Entity Name: CHABASCO, LLC

Current Principal Place of Business:

990 STATE ROAD 434, SUITE 1144
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

990 STATE ROAD 434, SUITE 1144
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

C/O LEE STANLEY
1037 WESTCREEK LANE
WEST LAKE VILLAGE, CA 91362

FEI Number: 26-1862986 **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:

STANLEY, FREDERIC JR ESQ
260 MAITLAND AVENUE, SUITE 1500
ALTAMONTE SPRINGS, FL 32701 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: SHOPE, DOLORES
Address: 990 STATE ROAD 434, SUITE 1144
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

ADDITIONS/CHANGES:

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

Title: PRES ( ) Change (X) Addition
Name: STANLEY, LEE PRESIDE
Address: 1037 WESTCREEK LANE
City-St-Zip: WEST LAKE VILLAGE, CA 91362 US

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: DOLORES L. SHOPE MGRM 06/30/2005

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