

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072414

Entity Name: CHABASCO, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O BRUCE W. JENKINS
1091 SHADOW RIDGE ROAD
LAPORTE, CO 80535 US

FEI Number: 26-1862986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JENKINS, BRUCE W MR
Address: 1091 SHADOW RIDGE ROAD
City-St-Zip: LAPORTE, CO 80535

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

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE W. JENKINS

MGRM

04/30/2007

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