

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028820

Entity Name: GAECKE-CHIASSON, LLC

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

10225 BISMARK PALM WAY #1623
FORT MYERS, FL 33912

New Principal Place of Business:

10016 OAKURST WAY
FORT MYERS, FL 33913

Current Mailing Address:

10225 BISMARK PALM WAY #1623
FORT MYERS, FL 33912

New Mailing Address:

10016 OAKHURST WAY
FORT MYERS, FL 33913

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAECKE, ROBERT L
10225 BISMARK PALM WAY #1623
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

GAECKE, ROBERT L
10016 OAKHURST WAY
FORT MYERS, FL 33913 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:

01/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAECKE, ROBERT L
Address: 10225 BISMARK PALM WAY #1623
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: CHIASSON, ARLENE E
Address: 10210 WASHINGTON PALM WAY #1721
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAECKE, ROBERT L
Address: 10016 OAKHURST WAY
City-St-Zip: FORT MYERS, FL 33913

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: ROBERT GAECKE

MGRM

01/25/2006

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