

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049087

FILED
Apr 11, 2007
Secretary of State

Entity Name: CHM PLANNING ENTERPRISES, LLC

Current Principal Place of Business:

9220 SILVER GLEN WAY
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9220 SILVER GLEN WAY
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-2863077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLUTSKY, ERWIN H
582 N. VOLUSIA AVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

MILLS, CALLEE MRS.
9220 SILVER GLEN WAY
LAKE WORTH, FL 33467 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: CALLEE MILLS

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLS, CALLEE
Address: 9220 SILVER GLENN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: MILLS, EDWARD
Address: 9220 SILVER GLENN WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLS, CALLEE
Address: 9220 SILVER GLEN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM (X) Change () Addition
Name: MILLS, EDWARD
Address: 9220 SILVER GLEN WAY
City-St-Zip: LAKE WORTH, FL 33467

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: CALLEE MILLS

MRS.

04/11/2007

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