2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L05000059549

Entity Name: CHASE CAPITAL INVESTORS GROUP LLC

Current Principal Place of Business:

191 EAST MITCHELL-HAMMOCK ROAD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

191 EAST MITCHELL-HAMMOCK ROAD
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 20-3025791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANETTI, DARIN D
185 WAYMONT COURT
SUITE 101
LAKE MARY, FL 32746 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:	CANETTI, DARIN D	
Address:	185 WAYMONT COURT, SUITE 101	
City-St-Zip:	LAKE MARY, FL 32746 US	
Title:	MGRM	( ) Delete
Name:	RICHARD, JOSHUA J	
Address:	185 WAYMONT COURT, SUITE 101	
City-St-Zip:	LAKE MARY, FL 32746 US	
Title:	MGRM	( ) Delete
Name:	HEBERT, JOHN E	
Address:	191 EAST MITCHELL-HAMMOCK ROAD	
City-St-Zip:	OVIEDO, FL 32765 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DARIN CANNETTI MGRM 01/15/2007

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