

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067054

FILED
Jan 11, 2006
Secretary of State

Entity Name: CHAZ INVESTMENTS L.L.C.

Current Principal Place of Business:

3460 FAIRLANE FARMS ROAD
SUITE 8
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3460 FAIRLANE FARMS ROAD
SUITE 8
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-4023017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRUITT, WILLIAM E
3030 SOUTH DIXIE HIGHWAY SUITE 5
WEST PALM BEACH, FL 33405 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: CZAJKOWSKI, GARY F
Address: 8035 DILLMAN ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: WIGHT, R. HOWARD
Address: 6418 HEATHER WAY
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: MGRM () Delete
Name: CZAJKOWSKI, MICHEAL
Address: 5618 LINCOLN CIR. EAST
City-St-Zip: LAKE WORTH, FL 33463

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: GARY CZAJKOWSKI

MGRM

01/11/2006

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