

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-05-2006 90038 001 ***300.00

DOCUMENT # L05000073410 1. Entity Name CHAFFEE POINT, LLC																																																																																																																							
Principal Place of Business C/O CITIZENS EXCHANGE BANK P.O. BOX 338 PEARSON, GA 31642			Mailing Address C/O CITIZENS EXCHANGE BANK P.O. BOX 338 PEARSON, GA 31642																																																																																																																				
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City & State		City & State																																																																																																																					
Zip	Country	Zip	Country																																																																																																																				
6. Name and Address of Current Registered Agent WWARD, DOUGLAS A 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Ansbacher & McKee, PA. Street Address (P.O. Box Number is Not Acceptable) 301 Riverplace Blvd. Suite 2450 Riverplace Tower City Jacksonville FL Zip Code 32207																																																																																																																			
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																							
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>				DATE 3-3-2006																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MOR Mary Margaret Summerlin</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>C/O Citizens Exchange Bank</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>P.O. Box 338</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pearson, GA 31642</td> <td>Delete <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Manager</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	MOR Mary Margaret Summerlin		STREET ADDRESS			CITY-ST-ZIP	C/O Citizens Exchange Bank		CITY-ST-ZIP				P.O. Box 338						Pearson, GA 31642	Delete <input type="checkbox"/>					Manager					TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:				Date 3-3-2006 Daytime Phone # 912-422-3231																																																																																																																			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																							

30011260



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3206985** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Manager

ATTACHMENT
ANSBACHER & MCKEEL, P.A.

ATTORNEYS AT LAW

BARRY B. ANSBACHER
J. THOMAS MCKEEL

1301 RIVERPLACE BOULEVARD
SUITE 2450, RIVERPLACE TOWER
JACKSONVILLE, FLORIDA 32207

(904) 396-8050 • FAX (904) 396-8076
AMELIA ISLAND (904) 277-2060
WEBSITE: ansbacher.net
EMAIL: info@ansbacher.net

36011260

June 22, 2006

#LC5000073410

Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

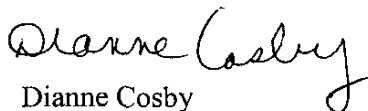
RE: Chaffee Point, LLC
Our File # 208/060123

Dear Sir/Madam:

Enclosed please find the corrected annual business report for the above referenced matter. The title of manager was added per your request.

Please feel free to call if you have any questions.

Sincerely yours,


Dianne Cosby

\dwc
Enclosure
Copy to: Mary Margaret Summerlin