

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90158 001 *1,526.25

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| 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 ANSBACHER & MCKEEL, P.A. 8818 GOODBYS EXECUTIVE DR JACKSONVILLE, FL 32217 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address Ansbacher & McKeel, P.A. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01082008 Chg-LLC CR2E083 (12/06) | |
| City & State | | City & State | | 4. FEI Number 20-3206985 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, PA 8818 GOODBYS EXECUTIVE DR JACKSONVILLE, FL 32217 | | | 7. Name and Address of New Registered Agent Name: Ansbacher & McKeel, P. A. Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code: | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SUMMERLIN, MARY M C/O CITIZENS EXCHANGE BANK, PO BOX 338 PEARSON, GA 31642 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u>Mary M. Summerlin</u> <u>Mary M. Summerlin, MGR</u> | | | <u>3-11-2008</u> <u>912-422-3231</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |

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