2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000073425 1. Entity Name 02-15-2006 90131 001 ****55.00 CHIÉF BLAU LLC Principal Place of Business Mailing Address 646 LONGMEADOW CIRCLE 646 LONGMEADOW CIRCLE LONGWOOD, FL 32779 US LONGWOOD, FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-32075/8 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLAU, DENNIS R** Street Address (P.O. Box Number is Not Acceptable) 646 LONGMEADOW CIRCLE LONGWOOD, FL 32779 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 SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent eigneture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TILLE Deleta TIME ☐ Addition ☐ Chance NAME BLAU, DENNIS R NAME STREET ADDRESS 646 LONGMEADOW CIRCLE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITL F Delete TIRE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE TITLE Delete ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 end 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.

DENNIS R. BLAU (HANAGING MAR)

FILED

Feb 15, 2006 8:00 am