

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087743

FILED
Jan 15, 2007
Secretary of State

Entity Name: CHASE CAPITAL MORTGAGE AND INVESTMENT LLC

Current Principal Place of Business:

185 WAYMONT COURT
SUITE 101
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

185 WAYMONT COURT
SUITE 101
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 20-3422336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANETTI, DARIN
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
Address: 185 WAYMONT COURT, SUITE 101
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Delete
Name: RICHARD, JOSHUA J
Address: 185 WAYMONT COURT, SUITE 101
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Delete
Name: HEBERT, JOHN E
Address: 185 WAYMONT COURT, SUITE 101
City-St-Zip: LAKE MARY, FL 32746 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 CANETTI

MGRM

01/15/2007

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