

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90020 041 \*\*\*\*50.00

<b>DOCUMENT # L05000092438</b>	
1. Entity Name <b>CHASE OUTDOOR CONSIGNMENTS, LLC</b>	

Principal Place of Business <b>25310 NE 132ND PLACE SALT SPRINGS, FL 32134</b>	Mailing Address <b>23065 NE 159TH AVE FT MCCOY, FL 32134</b>
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30000700



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212006	Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-3497808</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

**6. Name and Address of Current Registered Agent**

**CHASE, GARY A**  
**25310 NE 132ND PLACE**  
**SALT SPRINGS, FL 32134**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
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 refreshing) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	CHASE, GARY A		
STREET ADDRESS	25310 NE 132ND PLACE	STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS, FL 32134	CITY-ST-ZIP	
MGR	CHASE, SHERI		
STREET ADDRESS	25310 NE 132ND PLACE	STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS, FL 32134	CITY-ST-ZIP	

TITLE	NAME	TITLE	NAME

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:** 

**3-27-06** **352-685-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #