

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000092438 1. Entity Name CHASE OUTDOOR CONSIGNMENTS, LLC					
Principal Place of Business 25310 NE 132ND PLACE SALT SPRINGS, FL 32134			Mailing Address 23065 NE 159TH AVE FT MCCOY, FL 32134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-3497808	
				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			7. Name and Address of New Registered Agent		
CHASE, GARY A 25310 NE 132ND PLACE SALT SPRINGS, FL 32134			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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHASE, GARY A	NAME	000000697707		
STREET ADDRESS	25310 NE 132ND PLACE	STREET ADDRESS	04/18/07-80048-025 50.00		
CITY-ST-ZIP	SALT SPRINGS, FL 32134	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHASE, SHERI	NAME			
STREET ADDRESS	25310 NE 132ND PLACE	STREET ADDRESS			
CITY-ST-ZIP	SALT SPRINGS, FL 32134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 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: _____				4-1-07 352-685-0800 Date Daytime Phone #	