

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000107201

1. Entity Name
CHIJAX INVESTMENTS, LLC



Principal Place of Business
**932 BAYSIDE BLUFF RD.
JACKSONVILLE, FL 32259 US**

Mailing Address
**P.O. BOX 59534
SCHAUMBURG, IL 60159 US**



02282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2187027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUDZAK, CHERYL MRS.
493 PROSPERITY LAKE DR.
SUITE 201
ST. AUGUSTINE, FL 32092**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LA GASSE, MARC
STREET ADDRESS	645 BALMORAL LANE
CITY-ST-ZIP	PALATINE, IL 60067
TITLE	MGR
NAME	LA GASSE, ELIZABETH
STREET ADDRESS	645 BALMORAL LANE
CITY-ST-ZIP	PALATINE, IL 60067
TITLE	MGR
NAME	GUDZAK, SCOTT
STREET ADDRESS	932 BAYSIDE BLUFF RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGR
NAME	GUDZAK, CHERYL
STREET ADDRESS	932 BAYSIDE BLUFF RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000495461
04/21/06-00011-010 50.00

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IN THIS SPACE**

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 600, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-06 847-452 9214

Date

Daytime Phone #