

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113397

FILED
Jan 07, 2010
Secretary of State

Entity Name: CHOCTAW PENSION ACTUARIES LLC

Current Principal Place of Business:

23 HARBOR WOODS CIRCLE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 907
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 20-4503408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAVERS, GARY
23 HARBOR WOODS CIRCLE
SAFETY HARBOR, FL 34695 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
Name: BEAVERS, GARY
Address: 23 HARBOR WOODS CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695 US

I hereby 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: GARY L. BEAVERS

PRES

01/07/2010

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