


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90087 030 \*\*\*\*50.00

**DOCUMENT # L05000122748**

1. Entity Name  
**CHODABA AND ASSOCIATES, LLC**



Principal Place of Business  
**801 S. COLLIER BLVD.  
 UNIT N-305  
 MARCO ISLAND, FL 34145 US**

Mailing Address  
**801 S. COLLIER BLVD.  
 UNIT N-305  
 MARCO ISLAND, FL 34145 US**

**20006021**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**194 Sterling Place**  
 Suite, Apt. #, etc.

01112006 Chg-LLC CR2E083 (11/05)

City & State  
**Highland, NY**

City & State  
**Highland, NY**

Zip  
**12528**

Country  
**US**

4. FEI Number  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CLASP, INC.  
 3001 TAMiami TRIAL N.  
 4TH FLOOR  
 NAPLES, FL 34103**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHODABA, PHILIP J 801 S. COLLIER BLVD., UNIT N-305 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Philip J. Chodaba  
**PHILIP J. CHODABA**

Date: 1/29/06  
 845-691-8921  
 845-453-0261  
 CFL

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

# ATTACHMENT

CUMMINGS & LOCKWOOD LLC

Robin H. Doxey  
Corporate Paralegal

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239.430.3348 Fax  
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239.262.8311 Phone  
239.263.0703 Fax

20006021  
#L05000122748

February 6, 2006

Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

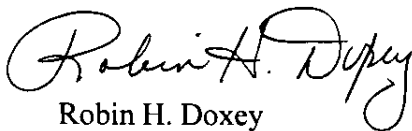
Re: Filing 2006 Annual Report for CHODABA AND ASSOCIATES,  
LLC

To Whom It May Concern:

Enclosed please find the 2006 Annual Report and our client's check no. 104 in the amount of \$50 representing the filing fee.

If you have any problems filing this report, please contact me.

Very truly yours,

  
Robin H. Doxey

RHD/rhd  
Enclosures

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