


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L05000122748</b>	
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
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20006021



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 194 Sterling Place Suite, Apt. #, etc. City & State Highland, NY Zip 12528 Country US
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01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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** **1/29/06** **845-691-8921** **845-453-0261**

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

# ATTACHMENT

CUMMINGS & LOCKWOOD LLC

Robin H. Doxey  
Corporate Paralegal

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20006021  
#L05000122748

February 6, 2006

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

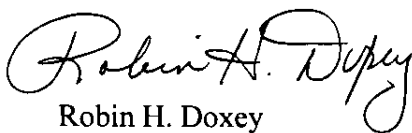
Re: Filing 2006 Annual Report for CHODABA AND ASSOCIATES,  
LLC

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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