

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007583

Entity Name: CHASE GP, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

5480 KERWOOD TERRACE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 43-2720  
SOUTH MIAMI, FL 33243

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABRERA, EMILIO  
5480 KERWOOD TERRACE  
CORAL GABLES, FL 33156 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: MGR ( ) Delete  
Name: CABRERA, EMILIO  
Address: 5480 KERWOOD TERRACE  
City-St-Zip: CORAL GABLES, FL 33156

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CABRERA, EMILIO  
Address: PO BOX 43-2720  
City-St-Zip: MIAMI, FL 33243

Title: MGR ( ) Change (X) Addition  
Name: CABRERA, HILDA I  
Address: PO BOX 43-2720  
City-St-Zip: MIAMI, FL 33243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EMILIO CABRERA

MGR

04/29/2009

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