

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90179 029 ****50.00

DOCUMENT # L06000020124 1. Entity Name 1ST CHANCE, LLC					
Principal Place of Business 4646 SLOEWOOD CT. MT DORA, FL 32757			Mailing Address 4646 SLOEWOOD CT. MT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
N/A		N/A			
4. FEI Number 57-1229768			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 J. SCHLEGEL, JAY LOUIS IV 4646 SLOEWOOD CT. MT DORA, FL 32757 407-436-8925			7. Name and Address of New Registered Agent Name Jay → J. 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 <u>J. Louis Schlegel IV</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>J. Louis Schlegel IV</u> MGRM <u>2/6/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
N/A			MGRM J. Louis Schlegel IV 4646 Sloewood Court Mt. Dora, FL 32757		
N/A			MGRM Michael Scott Reeves 857 Sable Lake Drive, Apt. 213 Longwood, FL 32779		
N/A			N/A		
N/A			N/A		
N/A			N/A		
N/A			N/A		
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 606, Florida Statutes.					
SIGNATURE: J. Louis Schlegel IV / J. Louis Schlegel IV 2/6/07 407-436-8925 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					