2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000033262

1. Entity Name
ARTHUR G. YEAGER, CHARTERED

90122726

07022007   Chg-LLC   CR2E083 (12/06)

Principal Place of Business	Mailing Address
245-1 EAST ADAMS STREET JACKSONVILLE, FL 32202	245-1 EAST ADAMS STREET JACKSONVILLE, FL 32202

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number **20-4595965**   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YEAGER, ARTHUR G 245-1 EAST ADAMS STREET JACKSONVILLE, FL 32202	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 _____

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

Filing Fee is $50.00 **Due by September 14, 2007**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE **Managing Member** NAME **Arthur G. Yeager** STREET ADDRESS **245-1 East Adams Street** CITY-ST-ZIP **Jacksonville, FL 32202-3365** ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: *Arthur J. Yeager, Arthur G. Yeager* Managing Member   07/02/2007   904-355-9631

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