

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90042 049 \*\*\*\*55.00

<b>DOCUMENT # L06000043084</b> 1. Entity Name <b>CHAMBERS ONEIL LLC</b>					
Principal Place of Business <b>3387 WEST SILVER SPRINGS BLVD 43 OCALA, FL 34475</b>			Mailing Address <b>3387 WEST SILVER SPRINGS BLVD 43 OCALA, FL 34475</b>		
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		03222007    Chg-LLC    CR2E083 (12/06)
4. FEI Number <b>571233738</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name	
CHAMBERS, ONEIL 3387 WEST SILVER SPRINGS BLVD 43 OCALA, FL 34475				Street Address (P.O. Box Number is Not Acceptable)	
City				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>oneil chambers</u> DATE <u>4-23-07</u>	
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	MGR CHAMBERS, ONEIL 3387 WEST SILVER SPRINGS BLVD #43 OCALA, FL 34475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, ONEIL 3387 WEST SILVER SPRINGS BLVD #43 OCALA, FL 34475	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, ONEIL 3387 WEST SILVER SPRINGS BLVD #43 OCALA, FL 34475	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, ONEIL 3387 WEST SILVER SPRINGS BLVD #43 OCALA, FL 34475	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, ONEIL 3387 WEST SILVER SPRINGS BLVD #43 OCALA, FL 34475	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, ONEIL 3387 WEST SILVER SPRINGS BLVD #43 OCALA, FL 34475	<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: <u>oneil chambers</u> DATE <u>4-23-07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					