2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2007 8:00 am
Secretary of State
05-21-2007 90364 040 ****50.00

DOCUMENT # L06000048761

1. Entity Name
CHACHALACAS, LLC

Principal Place of Business	Mailing Address
701 CENTRAL PARK DRIVE SANFORD FL 32771	701 CENTRAL PARK DRIVE SANFORD FL 32771

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3455 TABB DRIVE		3455 TABB DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DELTONA, FLORIDA		City & State: DELTONA, FLORIDA	
Zip: 32738	Country: USA	Zip: 32738	Country: USA

4. FEI Number: 20-4964046 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCUEN, JAMES
701 CENTRAL PARK DRIVE
SANFORD FL 32771

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 [signature] JAMES P. McCUEN 5/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCUEN, JAMES 701 CENTRAL PARK DRIVE SANFORD FL 32771	☐ 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 Section 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: [signature] 6/8/07 (407) 302-0558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #