2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061097

Entity Name: CHIPIS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
51 SW 11TH STREET SUITE 522 MIAMI, FL 33130	51 SW 11TH STREET SUITE 832 MIAMI, FL 33130

Current Mailing Address:	**New Mailing Address:**
51 SW 11TH STREET SUITE 522 MIAMI, FL 33130	51 SW 11TH STREET SUITE 832 MIAMI, FL 33130

FEI Number: 56-2601289   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COHEN, NATHALIE 51 SW 11TH STREET SUITE 522 MIAMI, FL 33130 US	COHEN, NATHALIE 51 SW 11TH STREET SUITE 832 MIAMI, FL 33130 US

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: _____   06/18/2008
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	P	( ) Delete	Title:	P	(X) Change ( ) Addition
Name:	COHEN, NATHALIE		Name:	COHEN, NATHALIE
Address:	51 SW 11TH STREET SUITE 522		Address:	51 SW 11TH STREET SUITE 832
City-St-Zip:	MIAMI, FL 33130		City-St-Zip:	MIAMI, FL 33130

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: NATHALIE COHEN   P   06/18/2008
                    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date