FILED
May 27, 2008 8:00 am
Secretary of State
05-01-2008 90038 036 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

DOCUMENT # L06000068352

1. Entity Name
CHASE HOLLOW, LLC

Principal Place of Business
3603 NW 98 STREET, STE C
GAINESVILLE, FL 32606

Mailing Address
3603 NW 98 STREET, STE C
GAINESVILLE, FL 32606

300072001

04282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 2421 NW 41st Street
Suite, Apt. #, etc. Suite A-1
City & State Gainesville FL
Zip 32606 Country Alachua

3. Mailing Address 2421 NW 41st Street
Suite, Apt. #, etc. Suite A-1
City & State Gainesville FL
Zip 32606 Country Alachua

4. FEI Number ~~APPLIED FOR~~ 20-8829263 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
TRUNNELL, GREGORY J
3603 NW 98 STREET, STE C
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 2421 NW 41st Street Suite A1
City Gainesville FL Zip Code 32606

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	TRUNNELL, GREGORY J	
STREET ADDRESS	3603 NW 98 STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ 4-28-09 352-367-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #