

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080002

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CHAMBER CHIX, LLC

**Current Principal Place of Business:**

1700 HIBISCUS CIRCLE SOUTH  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 869  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 20-8487539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEBERTH, JULIA A  
1700 HIBISCUS CIRCLE SOUTH  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEBERTH, JULIA A  
Address: 1700 HIBISCUS CIRCLE SOUTH  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: GRIMES, SANDIE  
Address: 616 LAKE CYPRESS CIRCLE  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: AREHART, TRACEY  
Address: 220 CORKWOOD LANE  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: MOORE, MARTINE  
Address: 3791 SWEEPSTAKES COURT  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM ( ) Delete  
Name: STRICKLAND, MELINDA  
Address: 4986 HARBOR WOODS DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete  
Name: NEY, KATE  
Address: 611 CROSS LAKE COURT  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARTINE MOORE

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date