# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006054

**Entity Name:** LAW OFFICES OF CHICO & SOTO, L.L.C.

| | |
|---|---|
| **Current Principal Place of Business:** | **New Principal Place of Business:** |
| 910 MABBETTE ST.<br>KISSIMMEE, FL  34741 | 20 S. ROSE AVE<br>STE. 2<br>KISSIMMEE, FL  34741 |
| **Current Mailing Address:** | **New Mailing Address:** |
| 910 MABBETTE ST.<br>KISSIMMEE, FL  34741 | 20 S. ROSE AVE<br>STE. 2<br>KISSIMMEE, FL  34741 |

**FEI Number: 20-8253021**        FEI Number Applied For ( )        FEI Number Not Applicable ( )        Certificate of Status Desired (X)

| | |
|---|---|
| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
| CHICO, DAVID M<br>910 MABBETTE ST.<br>KISSIMMEE, FL  34741    US | CHICO, DAVID M<br>2609 JETTY DR.<br>KISSIMMEE, FL  34743    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:  DAVID M. CHICO                                                                 04/27/2008
_____
              Electronic Signature of Registered Agent                                    Date

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

| | | | | |
|---|---|---|---|---|
| Title: | MGRM      ( ) Delete | | Title: | MGR        (X) Change ( ) Addition |
| Name: | ATTORNEY DAVID M. CH, ICO, P.A. | | Name: | ATTORNEY DAVID M. CH, ICO, P.A. |
| Address: | 910 MABBETTE ST. | | Address: | 20 S. ROSE AVE., STE. 2 |
| City-St-Zip: | KISSIMMEE, FL  34741 | | City-St-Zip: | KISSIMMEE, FL  34741 |
| | | | | |
| Title: | MGRM      ( ) Delete | | Title: | MGR        (X) Change ( ) Addition |
| Name: | KELVIN SOTO, P.A., | | Name: | KELVIN SOTO, P.A., |
| Address: | 910 MABBETTE ST. | | Address: | 20 S. ROSE AVE., STE. 2 |
| City-St-Zip: | KISSIMMEE, FL  34741 | | City-St-Zip: | KISSIMMEE, FL  34741 |

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:  DAVID M. CHICO                                MGR                04/27/2008
_____
      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date