2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# L07000009805

Entity Name: CHANCE A LLC

Current Principal Place of Business:

18190 WILLA WAY
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

18190 WILLA WAY
NORTH FORT MYERS, FL 33917

New Mailing Address:

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

Name and Address of Current Registered Agent:

WALSH, MARY JEANNE
18190 WILLA WAY
NORTH FORT MYERS, FL 33917 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: MGRM ( ) Delete
Name: WALSH, MARY JEANNE
Address: 18190 WILLA WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGRM ( ) Delete
Name: GROENE, CATHY L
Address: 3228 ELANOR WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES:

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: MARY JEANNE WALSH MGR 01/21/2008

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