

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018571

FILED  
Jul 12, 2008  
Secretary of State

**Entity Name:** CHRISTOPHER M. PASCHALL, PLLC

**Current Principal Place of Business:**

5098 CAPE ELIZABETH COURT  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

2273 HAMMOCK OAKS DR  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

5098 CAPE ELIZABETH COURT  
JACKSONVILLE, FL 32277

**New Mailing Address:**

2273 HAMMOCK OAKS DR  
JACKSONVILLE, FL 32223

FEI Number: 20-8480335      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

PASCHALL, CHRISTOPHER M  
5098 CAPE ELIZABETH COURT  
JACKSONVILLE, FL 32277      US

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

CHRISTOPHER PASCHALL, PLLC  
2273 HAMMOCK OAKS DR  
JACKSONVILLE, FL 32223      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: CHRISTOPHER PASCHALL

07/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PASCHALL, CHRISTOPHER M  
Address: 2273 HAMMOCK OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32223 US

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: CHRISTOPHER PASCHALL

MGR

07/12/2008

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