2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L07000024623

Entity Name: C.H.I.P. EQUIPMENT MANUFACTURING, L.L.C.

Current Principal Place of Business:

696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 68-0647744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILKINSON, G. BARRY
696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG, FL 33701 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: CRUPI, FRANK A
Address: 2845 SEA BREEZE DRIVE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: MGR ( ) Delete
Name: CRUPI, DEBRA L
Address: 2845 SEA BREEZE DRIVE SOUTH
City-St-Zip: GULFPORT, FL 33707

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: G. BARRY WILKINSON RA 01/15/2009

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