2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089146

Entity Name: CHASTAIN TECHNOLOGY LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5553 57TH WAY 2051 GREY FALCON CICLE SW

VERO BEACH, FL 32967 VERO BEACH, FL 32967

Current Mailing Address: New Mailing Address:

P.O. BOX 880908

PORT ST LUCIE, FL 349880988

FEI Number: 65-1317201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHASTAIN, OWEN F II CHASTAIN, OWEN F II

5553 57TH WAY

2051 GREY FALCON CIRCLE SW
VERO BEACH, FL 32967 US

VERO BEACH, FL 32962 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: OWEN F CHASTAIN SR. 01/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete MGRM Title: (X) Change () Addition CHASTAIN, OWEN F II CHASTAIN, OWEN FII Name: Name: Address: 5553 57TH WAY Address: 2051 GREY FALCON CIRCLE SW City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: VERO BEACH, FL 32967

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CHASTAIN, OWEN F SR.
 Name:

 Address:
 9632 CROOKED STICK LANE
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 349880988
 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: OWEN F CHASTAIN SR MGRM 01/16/2009