

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120218

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: CHAP SLAPS LLC

**Current Principal Place of Business:**

150 SUPREME CT  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

150 SUPREME CT  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 26-1506852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRADDY, SCOTT  
150 SUPREME CT  
ST AUGUSTINE, FL FL 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: GRADDY, SCOTT  
Address: 150 SUPREME CT  
City-St-Zip: ST AUGUSTINE, FL 32086

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRADDY, SCOTT A  
Address: 150 SUPREME CT  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: PRES ( ) Change (X) Addition  
Name: GRADDY, NANCY J  
Address: 150 SUPREME CT  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: TREA ( ) Change (X) Addition  
Name: GRADDY, AMANDA J  
Address: 150 SUPREME CT  
City-St-Zip: ST AUGUSTINE, FL 32086

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: SCOTT A GRADDY

MGRM

02/06/2008

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