2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003306

1. Entity Name CHUCK & JOE, LLC



Apr 27, 2007 08:00 AM Secretary of State

FILED

Principal Place of Business

C/O CHARLES BRAY 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 33118 Mailing Address

C/O CHARLES BRAY 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 33118



DO NOT WRITE IN THIS SPACE

02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3547548

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAY, CHARLES A 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

		,		
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Bendaron	Appel property as any and upon constants	DATE
	Signature, types or primed name or registered agent and time it applicable.	(INOTE: Negistered	Agent signature required when reinstating)	
Fi D	iling Fee is \$50.00 ue by May 1, 2007		U0 05/11	0000738532 /07-80071-010-50. 00
9.	MANAGING MEMBERS/MANAGERS		00.11	ADI-DOCKT OTO OCECO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAY, CHARLES 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 33118			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLESPIE, JOSEPH 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 33118		<u>.</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, i further certify that the information indicated on this report is true and accurate and that my 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 tlustee empowered lidexequie this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF

CHALGE A. BLAY

2-4-07

386-267-

Daytime Phone #