

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000252

1. Entity Name
CHUBB GP LLC



Principal Place of Business
**7700 GULF FREEWAY
HOUSTON, TX 77017**

Mailing Address
**7700 GULF FREEWAY
HOUSTON, TX 77017**

DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
06-1625646

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CURRER, BRUCE
5201 EXPLORER DR.
MISSISSAUGA ONTARIO CANADA, L4W 4H1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PERCIVAL, SCOTT
5201 EXPLORER DR.
MISSISSAUGA ONTARIO CANADA, L4W 4H1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/28/05-80088-010 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Scott Percival

Date

Jan 25/05

Daytime Phone #

905-206-8417