


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # M02000002953	
1. Entity Name C.P. CHUBB & COMPANY, LLC	

Principal Place of Business 330 N. BROAD ST. SUITE E THOMASVILLE, GA 31799	Mailing Address PO BOX 9 THOMASVILLE, GA 31799
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01152007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2524381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WOLSFELT, GERARD R 2313 NW 23RD TERRACE GAINESVILLE, FL 32605	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUBB, CHRISTOPHER P 330 N. BROAD ST. SUITE E THOMASVILLE, GA 31799
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORETON, DAVID H III 330 N. BROAD ST. SUITE E THOMASVILLE, GA 31799
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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Pam Branlett Pam Branlett Office Manager 4/6/07 229-227-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #