


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90032 004 ****50.00

DOCUMENT # M99000001948		
1. Entity Name CHASE MANAGEMENT LLC		

Principal Place of Business C/O CHASE ENTERPRISES, ATTN: J. KORZENIK 280 TRUMBULL STREET HARTFORD, CT 06103	Mailing Address C/O CHASE ENTERPRISES, ATTN: J. KORZENIK 280 TRUMBULL STREET HARTFORD, CT 06103
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20039884



2. Principal Place of Business c/o Chase Enterprises Goodwin Square Suite, Apt. #, etc. 225 Asylum St., 29th Fl.	3. Mailing Address ATT: Kathleen Tierney Goodwin Square Suite, Apt. #, etc. 225 Asylum St., 29th Floor
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03312005 Chg-LLC CR2E083 (10/03)

City & State Hartford, CT	City & State Hartford, CT
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4. FEI Number 06-1534950	Applied For Not Applicable
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Zip 06103-1538	Country USA	Zip 06103-1538	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, DAVID T 280 TRUMBULL STREET HARTFORD, CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, CHERYL A 280 TRUMBULL STREET HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cheryl A. Chase Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, ARNOLD L 280 TRUMBULL STREET HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Arnold L. Chase Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORZENIK, JOSEPH 280 TRUMBULL STREET HARTFORD, CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REMIREZ, RICHARD J 400-A NO. FLAGLER DR. WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE ARNOLD CHASE ACCUMULATION TRUST I C/O CHASE ENTERPRISES, 280 TRUMBULL ST. HARTFORD, CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	a managing member 4/19/05 (860) 549-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #