2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010333

1. Entity Name

F107 CHATHAM SQUARE, LLC

FILED 4/23/2

01 FEB 27 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
7223 MILL POND CIRCLE NAPLES FL 34109	7223 MILL POND CIRCLE NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number 52-2263010   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINGAR, CLAIR 7223 MILL POND CIRCLE NAPLES FL 34109	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.

SIGNATURE _Clara Fingar_   2-20-2001

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES		
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH KREIT 9730 BASKET RING RD COLUMBIA, MD 21045	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	AUDREY FAGAN 9005 WATCHLIGHT CT COLUMBIA MD 21045	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003802374--9 --03/06/01--01072--018 *****50.00 *****50.00	☐ Change	☐ Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	CYNTHIA STEER 1824 METZEROTT RD #402 ADELPHI, MD 20783	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: _SIGNATURE REQUIRED_   2/13/01 410 992-7728

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