2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014266

1. Entity Name
CHANCELLOR HOLDINGS, LLC

Principal Place of Business	Mailing Address
1702 NORTH FLORIDA AVE., P.O. BOX 3275 TAMPA, FL 33601-3275	1702 NORTH FLORIDA AVE., P.O. BOX 3275 TAMPA, FL 33601-3275

DO NOT WRITE IN THIS SPACE

01242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3694859	Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, MARVIN
4926 W BAY WAY DRIVE
TAMPA, FL 33629

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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 _____

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SOLOMON, MARVIN
STREET ADDRESS	1702 NORTH FLORIDA AVE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   18 FEB 2007   813-229-0115

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

MARVIN SOLOMON