


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 048 ***150.00

DOCUMENT # L01000018293					
1. Entity Name CHAPARRAL, L.L.C.					
Principal Place of Business 601 E ROSERY RD NE LARGO, FL 33770		Mailing Address 4420 FM 1960 W STE 224 HOUSTON, TX 77068			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 74-3019289	
				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			7. Name and Address of New Registered Agent		
KINGMAN KEATING, JOHN 749 NORTH GARLAND AVE., STE. 101 ORLANDO, FL 32801			Name <u>John K. Keating</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>250 East Colonial Drive, Suite 300</u>		
			City <u>Orlando</u>		Zip Code <u>FL 32801</u>
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPARRAL CORPORATION 749 NORTH GARLAND AVE., STE. 101 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Chaparral</i></u>			Date: <u>2-26-08</u>		Daytime Phone #: <u>2814441585</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					