

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092739

Entity Name: 1690 CHESAPEAKE, LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

501 AIRPORT ROAD  
NAPLES, FL 34104

**New Principal Place of Business:**

501 AIRPORT ROAD S  
NAPLES, FL 34104

**Current Mailing Address:**

501 AIRPORT ROAD  
NAPLES, FL 34104

**New Mailing Address:**

501 AIRPORT ROAD S  
NAPLES, FL 34104

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLASP INC  
3001 TAMIAMI TRAIL NORTH 4TH FL  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LIEBIG, WOLFGANG  
Address: 501 AIRPORT ROAD  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LIEBIG, WOLFGANG  
Address: 501 AIRPORT ROAD S  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WOLFGANG LIEBIG

MGR

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date