

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002330

FILED
Apr 10, 2007
Secretary of State

Entity Name: CHESTON MM LLC

Current Principal Place of Business:

2400 E LAS OLAS BLVD
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

2400 E LAS OLAS BLVD
#324
FT. LAUDERDALE, FL 33301 US

Current Mailing Address:

2400 E LAS OLAS BLVD
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

2400 E LAS OLAS BLVD
#324
FT. LAUDERDALE, FL 33301 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTWANI, NITIN
2400 E LAS OLAS BLVD
300
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

MOTWANI, DEV
2400 E LAS OLAS BLVD
324
FT. LAUDERDALE, FL 33301 US

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: DEV MOTWANI

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOTWANI, RAMOLA
Address: 2400 E LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOTWANI, RAMOLA
Address: 2400 E LAS OLAS BLVD, #324
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: O () Change (X) Addition
Name: MOTWANI, NITIN
Address: 2400 E LAS OLAS BLVD, #324
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O () Change (X) Addition
Name: MOTWANI, DEV
Address: 2400 E LAS OLAS BLVD, #324
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEV MOTWANI

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04/10/2007

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