2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-05-2007 90026 019 ****50.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L06000065213

1. Entity Name

CHASSA OAKS DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
7449 WEST GULF TO LAKE HIGHWAY SUITE CRYSTAL RIVER FL 34429	7449 WEST GULF TO LAKE HIGHWAY SUITE CRYSTAL RIVER FL 34429

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number: 20 - 8205744 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, ROGER A
911 CHESTNUT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name: JAMES P. EYSTER
Street Address (P.O. Box Number is Not Acceptable): 7449 WEST GULF TO LAKE HWY. STE #5
City: CRYSTAL RIVER FL Zip Code: 34429

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] 2-5-07
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 Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAMES P. EYSTER 7449 W. GULF TO LAKE HWY SUITE 5 CRYSTAL RIVER, FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 exemptions contained in Section 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: [signature] 2-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #