2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A11492

1. Entity Name

CHAPEL TRAIL, LTD.

Principal Place of Business	Mailing Address
21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029	21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-2140301 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOENIG, PAUL
21011 JOHNSON STREET
SUITE 101
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	305176	STREET ADDRESS	
NAME	SAJIK CORP.		
STREET ADDRESS	21011 JOHNSON STREET, SUITE 101	CITY-ST-ZIP	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		
DOCUMENT #		STREET ADDRESS	H00000424131
NAME			02/18/06-80035-013 500.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SAJIK CORP., its general partner Michael A. Koenig 2/01/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #