

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003876

FILED
Apr 25, 2007
Secretary of State

Entity Name: CHILTERN DEVELOPMENT, L.L.C.

Current Principal Place of Business:

1415 LARCHMONT DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

1415 LARCHMONT DRIVE
ENGLEWOOD, FL 34223 US

Current Mailing Address:

1415 LARCHMONT DRIVE
ENGLEWOOD, FL 34223

New Mailing Address:

1415 LARCHMONT DRIVE
ENGLEWOOD, FL 34223 US

FEI Number: 65-0996152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRY J. BEHAR, P.A.
888 S.E. THIRD AVENUE
STE #400
FORT LAUDERDALE, FL 33316 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/MANAGERS:

Title: MGRM () Delete
Name: GOGGIN, GARY
Address: 1415 LARCHMONT DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM () Delete
Name: GOGGIN, ELIZABETH
Address: 1415 LARCHMONT DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOGGIN, GARY
Address: 1415 LARCHMONT DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM (X) Change () Addition
Name: GOGGIN, ELIZABETH
Address: 1415 LARCHMONT DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

I hereby certify that the information supplied with this filing does not qualify 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: GARY GOGGIN

MGRM

04/25/2007

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