


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90063 012 ****50.00

DOCUMENT # L00000013676							
1. Entity Name CHANCELLOR PROPERTIES, LLC							
Principal Place of Business 2126 NE 187 ST. N. MIAMI BEACH, FL 33179			Mailing Address 2126 NE 187 ST. N. MIAMI BEACH, FL 33179				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 06-1600360			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FEINBERG, JEFFREY 4000 HOLLYWOOD BLVD SUITE 350-N HOLLYWOOD, FL 33021			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SAGI, ABRAHAM	NAME					
STREET ADDRESS	2126 NE 187TH ST	STREET ADDRESS					
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
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NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>X [Signature]</i>				4/26/04 305-9328675			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			