


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013712 1. Entity Name CHAPEL PINES, L.L.C.	
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Principal Place of Business 2502 NORTH ROCKY POINT DRIVE STE. 1050 TAMPA, FL 33607	Mailing Address 2502 NORTH ROCKY POINT DRIVE STE. 1050 TAMPA, FL 33607
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01072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3682521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STROHAUER, GARY N ESQ
 BAXTER, STROHAUER, MANNION & SILBERMANN, P.A
 1150 CLEVELAND STREET STE.300
 CLEARWATER, FL 33755

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE RYAN GROUP, L.L.C. 2502 NORTH ROCKY POINT DRIVE TAMPA, FL 33607
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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:  **2/2/05** **813-288-8078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #