


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013712**

1. Entity Name  
 CHAPEL PINES, L.L.C.



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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**DO NOT WRITE IN THIS SPACE**



01052006No Chg-LLC CR2E083 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

11000007479337  
 04/08/06-80044-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RYAN, JOHN M 2502 NORTH ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**

11. 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 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:** \_\_\_\_\_ **3/22/06** **813-288-8078**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #