


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L00000014266</b> 1. Entity Name <b>CHANCELLOR HOLDINGS, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUL 13 AM 10:30	
Principal Place of Business 1702 NORTH FLORIDA AVE., P.O. BOX 327 TAMPA FL 33601-3275				Mailing Address 1702 NORTH FLORIDA AVE., P.O. BOX 327 TAMPA FL 33601-3275			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number <b>59-3694859</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SOLOMON, MARVIN</b> <b>1702 NORTH FLORIDA AVE.</b> <b>TAMPA FL 33602</b>				7. Name and Address of New Registered Agent Name <b>CHANCELLOR HOLDINGS, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4926 W BAY WAY DRIVE</b> City <b>TAMPA</b> FL <b>33629</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>9 Apr 2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOMON, MARVIN 1702 NORTH FLORIDA AVE TAMPA FL 33602			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>9 Apr 2006</b>			