2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # L0100003909 1. Entity Name CHELSEA CAPITAL MANAGEMENT, LLC			Secretary of State
Principal Place of Business Mailing Address ANTONIO F, UCCELLO III 4744 SPINNAKER DR BRADENTON, FL 34208 Mailing Address ANTONIO F, UCCELLO III 4744 SPINNAKER DR BRADENTON, FL 34208			
DO NOT WRITE IN THIS SPACE			01042005 No Chg-LLC CR2E083 (10/03) 4. FEI Number
4744 SPIN	6. Name and Address of Current Registered Agent O, ANTONIO F III NNAKER DR FON, FL 34208		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 agent. SIGNATURE Signature, typed or printed name of registered agent and Me if applicable (NOTE. Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005			
A Company of Company o			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAĞING MEMBERS/MANAĞERS MGRM UCCELLO, AÑTONIO F III 4744 SPINNAKER DR BRADENTOÑ, FL 34208		090000008622 04/16/05-80005-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 608, Florida Statutes.			