2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # L0100003909 1. Entity Name CHELSEA CAPITAL MANAGEMENT, LLC				01-19-2006 90014 043 ****50.00				
Principal Place of Business ANTONIO F. UCCELLO III 4744-SPIANAKER DR BRADENTON, FL-34208		Mailing Address ANTONIO F. UCCELLO III 4744 SPINNAKER DR BRADENTON, FL. 34208				. 800) 8018 1003 1300 4608 1	A (18 18 18 18 18 18 18 18 18 18 18 18 18	
2 Principal Place of Business + 12P+ Suite, Apr. #, etc.		3. Mailing Address 2100 19479. Suite, Apt. #, etc.		1				
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342	34 Country SA	1 125616	ounty SA	<u></u>	of Status Desired	S5.00 Add Fee Require		
6. Name and Address of Current Registered Agent			Name	7. Name and	Address of New Re	egistered Agent		
UCCELLO, ANTONIO F III 4744 SPINNAKER DR			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON, FL 34208			2100	2100 19th Street				
			City Car	arasota FL 194234				
	named entity submits this statement for	the purpose of changing its regis	stered office or regist	ered agent, or bo	th, in the State of Flo		and accept	
the obligat SIGNATURE.	ions of registered agent.	Un h			1,	10/06		
SIGNATURE .	Signature, typed or printed an order of the dorn an	Output (NOTE: Regis	stered Agent signature requir	ed when reinstating)		DATE		
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FI D	ling Fee is \$50.00 ue by May 1, 2006	C				e check payable to Department of Stat	ie	
9.	ue by May 1, 2006 MANAGING MEMBEF	RS/MANAGERS	10			CHANGES		
D:	MANAGING MEMBER MGRM UCCELLO, ANTONIO F III 4744 SPINNAKER DR	RS/MANAGERS	•		Florida	Department of Stat	Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGONIG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/06

941.330.0330

Daytime Phone #