2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003909

1. Entity Name
CHELSEA CAPITAL MANAGEMENT, LLC



FILED
Jan 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

2100 19TH ST 4744 SPINNAKER DR SARASOTA, FL 34234 Maiting Address

2100 19TH ST 4744 SPINNAKER DR SARASOTA, FL 34234



DO NOT WRITE IN THIS SPACE

| 01032007 No Chg-LLC | CR2E083 | (11/05) |
|---------------------|---------|---------|

| 4. FEI Number 65-1083440 | Applied For Not Applicable |
|----------------------------------|-----------------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required |

Daylima Phone #

6. Name and Address of Current Registered Agent

UCCELLO, ANTONIO F III 2100 19TH ST. SARASOTA, FL 34234

DO NOT WRITE IN THIS SPACE

| B. The above named exhibits statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, predict printing name of registered and produce the changing its registered depart elements required when registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. Signature, proof or printing name of registered agent, or both agent elements agent. Signature, proof or printing name of registered agent, or both agent elements agent. | | | | |
|--|---|--|--|--|
| Signature, typed or printed name of registered against and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filling Fee Is \$50.00 Due by May 1, 2007 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM UCCELLO, ANTONIO F III 2100 19TH ST. SARASOTA, FL 34234 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | U00000582706 01/11/07-80042-008 50.00 | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 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 five 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 | | | | |

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