

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004330

Entity Name: CHAPMAN & GALLE, PLC

FILED  
Jan 03, 2007  
Secretary of State

**Current Principal Place of Business:**

11199 POLO CLUB ROAD  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11199 POLO CLUB ROAD  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

FEI Number: 65-1090384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLE, CRAIG T  
11199 POLO CLUB RD  
WEST PALM BEACH, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GALLE, CRAIG T  
Address: 11198 POLO CLUB ROAD  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM ( ) Delete  
Name: CHAPMAN, AVERY S  
Address: 1194 W FOREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CHAPMAN, AVERY S  
Address: 11194 W FOREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG T. GALLE

MGRM

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date