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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021645

1. Entity Name
CHAPMAN ROAD INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1100 S. ORLANDO AVE. APT. 504 MAITLAND, FL 32751	1100 S. ORLANDO AVE. APT. 504 MAITLAND, FL 32751

2. Principal Place of Business	3. Mailing Address
1131 DELANEY AVE Suite, Apt. #, etc.	1131 DELANEY AVE Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA Zip: 32806 Country: USA	City & State: ORLANDO, FLORIDA Zip: 32806 Country: USA

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☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 41-2030060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVARY, BEN B
1100 S. ORLANDO AVE. APT. 504
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name: BEN B. DEVARY
Street Address (P.O. Box Number is Not Acceptable): 1131 DELANEY AVENUE
City: ORLANDO FL Zip Code: 32806

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: [signature] 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DEVARY, BEN B 1100 S. ORLANDO AVE. APT. 504 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition MGRM BEN B. DEVARY 1131 DELANEY AVENUE ORLANDO, FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DEVARY, LEN C 1100 S. ORLANDO AVE. APT. 504 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300015549523 04/09/03--01025--017 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BALDERRAMA, MARIA R 171 AUNT POLLY CT. ORLANDO, FL 92828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/7/03 (407) 398-0399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #