

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000001828

1. Entity Name  
CHAPMAN, L.L.C.



Principal Place of Business  
1075 HIGHWAY 17 SOUTH  
WAUCHULA, FL 33873

Mailing Address  
1075 HIGHWAY 17 SOUTH  
WAUCHULA, FL 33873



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
47-0850563

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARTIN, E. SNOW JR.  
200 LAKE MORTON DRIVE  
LAKELAND, FL 33801

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME CHAPMAN, ADRIAN R  
STREET ADDRESS 1515 HEARD BRIDGE RD.  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE P  
NAME CHAPMAN, GLORIA  
STREET ADDRESS 1515 HEARD BRIDGE RD.  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

000000175577  
01/10/05-80056-005 \$0.00

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: Adrian R. Chapman Adrian R. Chapman

1/7/05 863-773-3161

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

Date

Daytime Phone #