
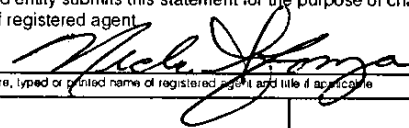


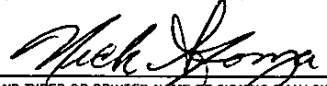
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90090 012 ****50.00

| | | | | | |
|---|---|---------------------------------|--|---|---|
| DOCUMENT # L02000001914 | | | |  | |
| 1. Entity Name CHIBBY PROPERTIES, L.L.C. | | | | | |
| Principal Place of Business 5002 DEVENWOOD WAY STUART FL 34997 | | | Mailing Address 301 EAST 62ND STREET, #10E NEW YORK NY 10021 | | |
| 2. Principal Place of Business 65 TIMUCUAN DR. Suite, Apt. #, etc. ORMOND BEACH City & State FL Zip 32174 Country USA | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 80-0030404 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 2nd MOORE CR2E083 (5/05) | | |
| 6. Name and Address of Current Registered Agent SFORZA, NICHOLAS 5002 DEVENWOOD WAY STUART FL 34997 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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  | | | DATE 8-22-05 | | |
| Signature, typed or printed name of registered agent and title if applicable | | | (NOTE: Registered Agent signature required when reinstating) | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SFORZA, NICHOLAS 5002 DEVENWOOD WAY STUART FL 34997 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRABMAYER, KATHARINA 5002 DEVENWOOD WAY STUART FL 34997 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  8-22-05 386 986 8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #