


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90007 024 ****50.00

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DOCUMENT # L02000017306	
1. Entity Name CHAPMAN 426 DEVELOPMENT, LLC	

Principal Place of Business 1405 GREEN COVE ROAD WINTER PARK, FL 32789	Mailing Address P.O. BOX 941330 MAITLAND, FL 32751
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2. Principal Place of Business 4090 Scarlet Iris Pl Suite, Apt. #, etc.	3. Mailing Address 4090 Scarlet Iris Pl Suite, Apt. #, etc.
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City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792	Zip 32792
Country USA	Country USA



02282005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent HATCHER, STEPHEN B ESQ. 315 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent	
Name John A. Riley	
Street Address (P.O. Box Number is Not Acceptable) 4090 Scarlet Iris Place	
City Winter Park	FL Zip Code 32792

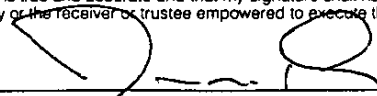
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when renewing) DATE 2/28/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RILEY, JOHN A 111 WEST JEFFERSON, SUITE 100 ORLANDO, FL 32801 <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:  DATE 2/28/05 407810 0243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #