2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2003 8:00 am Secretary of State 06-04-2003 90001 011 ****50.00

DOCUMENT # LO	02000019977
1. Entity Name	
CHESTERWOOD,	LLC

Second Country Seco	CHI	ESTERWOOD, LLC				
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Some Address of Current Registered Agent State S			I -			Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE The above named entity sidemits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Facinda. SIGNATURE SIGNATURE SIGNATURE Make: Check Payable to Department of State DUE BY MAY Make: Check Payable to Department of Sta	34230	UDA Transportation	134230		7. Name and Address of Current Re	
THE MANAGINGS MEMBERS / MANAGINGS SITE TARGESS (Dr. S. 1.09) THE MANAGINGS MEMBERS / MANAGINGS (Dr. S. 1.09) THE MANAGINGS (Dr. S. 1.09) THE MANAGINGS MEMBERS / MANAGINGS (Dr. S. 1.09) THE MANAGINGS MEMBERS / MANAGINGS (Dr. S. 1.09) THE MANAGINGS (DR	4			Name Day	vid M. Silberstein	 1
Entry Sarasota FL Zap Code 34236 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 Roinds. SIGNATURE Sarasota FL Zap Code 34236 Signature Si	19	"有我们还是一个一点,我们就看到一个一个人的人的话,一个人们的一个人	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Street Address (I	P.O. Box Number is Not Acceptable)	
SIGNATURE	Kanasa	IN THIS SE	PACE		1 South Orange Ave	enue
SIGNATURE				City Sara	isota	FL Zip Code 34236
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### FEE IS \$50.00 Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.			DATE
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11. Thereby certify that the information supplied with this fling 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 fly 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

6-2-03

(941)350-4768

Daytime Phone #