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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025094

1. Entity Name

Chelsea Park, LLC

DO NOT WRITE IN THIS SPACE

44004571

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2. Principal Place of Business	3. Mailing Address
4030 Cobia Cay Estates	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, Florida	City & State
Zip: 33955 Country: USA	Zip Country

4. FEI Number: 51-0435290 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Steve Mcomber

Street Address (P.O. Box Number is Not Acceptable): 4030 Cobia Cay Estates

City: Punta Gorda FL Zip Code: 33955

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: N/A
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Steve Mcomber ~~4030 Cobia Cay~~ Estates Punta Gorda, FL 33955	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Scott Hixon~~ ~~1525 Northcliff Trace~~ ~~Roswell, GA 30076~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Mike Ouellette~~ ~~4030 Cobia Cay Estates~~ ~~Punta Gorda, FL 33955~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Steve Leidheldt~~ ~~4030 Cobia Cay Estates~~ ~~Punta Gorda, FL 33955~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Steven McComber 4/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #