

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90051 004 \*\*\*\*50.00

**DOCUMENT # L02000025976**

1. Entity Name

**CHATRA PROPERTIES, LLC**



Principal Place of Business

**4625 RIVERS EDGE VILLAGE LANE STE. 5301  
PONCE INLET FL 32127**

Mailing Address

**4625 RIVERS EDGE VILLAGE LANE STE. 5301  
PONCE INLET FL 32127**

2. Principal Place of Business

**4625 RIVERS EDGE VILLAGE LANE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**#5301**

Suite, Apt. #, etc.

City & State

**PONCE INLET FL**

City & State

Zip

**32127**

Country

**USA**

Zip

Country

4. FEI Number

**16-1655129**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, CARL  
4625 RIVERS EDGE VILLAGE LANE STE. 5301  
PONCE INLET FL 32127**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CHAPMAN, CARL**  
STREET ADDRESS **4625 RIVERS EDGE VILLAGE LANE STE. 5301**  
CITY-ST-ZIP **PONCE INLET FL 32127**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)