

FILED
Apr 29, 2005 08:00 AM
Secretary of State

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000006256		
1. Entity Name CHRONICLES, L.L.C.		
Principal Place of Business 1460 W. FAIRBANKS AVENUE WINTER PARK, FL 32789		Mailing Address 1460 W. FAIRBANKS AVENUE WINTER PARK, FL 32789
DO NOT WRITE IN THIS SPACE		
		04252005No Chg-LLC CR2E083 (10/03)
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SAPOOR, SUNIL 1460 W. FAIRBANKS AVENUE WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		
Filing Fee is \$50.00 Due by May 1, 2005		
000000344145 04/29/05-80124-019 55.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPOOR, SUNIL 1460 W FAIRBANKS AVENUE WINTER PARK, FL 32789	
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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)(b), 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 808, Florida Statutes.		
SIGNATURE: <i>S. Kapoor</i>		4/25/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #