



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90079 026 \*\*\*\*50.00

<b>DOCUMENT # L03000019524</b> 1. Entity Name <b>CHAPMAN HOLDINGS, LLC</b>					
Principal Place of Business <b>C/O ROBERT S. FORMAN, ESQ.          2101 WEST COMMERCIAL BLVD., SUITE 4100          FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>C/O ROBERT S. FORMAN, ESQ.          2101 WEST COMMERCIAL BLVD., SUITE 4100          FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>c/o Robert S. Forman, Esq.</b> Suite, Apt. #, etc. <b>2101 W Commercial Blvd #2800</b> City & State <b>Ft Lauderdale, FL 33309</b> Zip <b>33309</b> Country <b>US</b>		3. Mailing Address <b>c/o Robert S. Forman, Esq.</b> Suite, Apt. #, etc. <b>2101 W Commercial Blvd #2800</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33309</b> Country <b>US</b>			
01062005 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>95-1736841</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FORMAN, ROBERT S ESQ.          2101 WEST COMMERCIAL BLVD., SUITE 4100 2800          FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPMAN, ROGER 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chapman, Roger 2101 West Commercial Blvd., Suite 2800 Fort Lauderdale, FL 33309	
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	
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	
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	
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	
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	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/24/05 (954) 735-0000 <small>Date Daytime Phone #</small>		