## 2007 LIMITED LIABILITY COMPAINANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000019524**

1. Entity Name
CHAPMAN HOLDINGS, LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O ROBERT S. FORMAN, ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309 Mailing Address

C/O ROBERT S. FORMAN, ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 95-1736841 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FORT LAUDERDALE, FL 33309

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			O O A A D L
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 bitle if applicable. (NOT	E: Registered Agent algnature required when reinstaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPMAN, ROGER 2101 WEST COMMERCIAL BLVD., SUITE 2800 FORT LAUDERDALE, FL 33309	U2/2:	00000632306 1/07-80016-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trostee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_

CITY-ST-ZIP

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

2/9/07 (954) 235-0000