FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # L03000023213 1. Entity Name CHANTILLY COURT LLC						04-19-2004 90027 035 ****50.0)0
Principal Place of Business Mailing 3660 PIZARRO ROAD 3660 JACKSONVILLE, FL 32217-3218 JACKSONVILLE, FL 32217-3218 JACKSONVILLE, FL 32217-3218 JACKSONVILLE, FL 32217-3218 Suite City & State City & State Country Zip Country Zip & Name and Address of Current Registers WAREH, FAIZ 3660 PIZARRO ROAD JACKSONVILLE, FL 32217-3218			Muiling Address 3660 Płzarro Road Jacksonville, FL 322	• • • •		A (CELIDAN DI) COLUEN INII ASTRI ABRIL CON ADILE (CON BINA I I CON I INDE MIDON AI INDE	
2. Principal Place of Business			3. Mailing Address				
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			04102004 Chg-LLC CR2E083 (10/03)	
			City & State			4. FEI Number 54-2114096 Applied For Not Applied be	Ī
Zip	Country		Zip Cour		*	5. Certificate of Status Desired]_
	6. Name	and Address of Current R	legistered Agent			7. Name and Address of New Registered Agent	1
WAREH F	FAI7				Name		
3660 PIZARRO ROAD					Street Address (P.O. Box Number is Not Acceptable)	1
		•	ų		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 Sometime, typed or preside mane of repostered agent and tile if applicable. (NOTE: Registered Agent agent interpret of the registering) DATE							
Filing Fee is \$50.00 Make check pe						Make check payable to Florids Department of State	
9.	ΙΛΛ Δ	MANAGING MEMBER		10.		ADDITIONS/CHANGES]
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STREET ADDRESS	366	O PIZARE	20 RD.	NAM STRE	ET ADDRESS		1
CITY-57-77P	JACK	SON VILLE	FL.32217	•	-ST-ZIP		Ì
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name Street address	i			NAM			
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STREET ADDRESS UITY-ST-ZIP				et adoress -ST-712	in the same of the		
11. I hereby certify that the information supplied with this filling 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 receivor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 4-13-4 9-4-448-1744							