
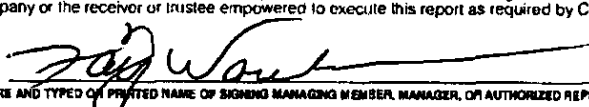


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/19

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

04-19-2004 90027 035 ****50.00

DOCUMENT # L03000023213 1. Entity Name CHANTILLY COURT LLC																																																							
Principal Place of Business 3660 PIZARRO ROAD JACKSONVILLE, FL 32217-3218			Mailing Address 3660 PIZARRO ROAD JACKSONVILLE, FL 32217-3218																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																				
City & State			City & State																																																				
Zip	Country	Zip	Country	4. FEI Number 54-2114096 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04102004 Chg-LLC CR2E083 (10/03)																																																			
6. Name and Address of Current Registered Agent WAREH, FAIZ 3660 PIZARRO ROAD JACKSONVILLE, FL 32217-3218				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																							
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MANAGER</td> <td>FAIZ WAREH</td> <td>3660 PIZARRO RD.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>JACKSONVILLE, FL 32217</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MANAGER	FAIZ WAREH	3660 PIZARRO RD.				JACKSONVILLE, FL 32217			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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)(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: 				4-13-4 904-448-1744																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																							