2005 LIMITED LIABILITY COMPANY *

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ANNUAL REPORT				Mar 10, 2005 08:00	
	MENT # L03000023	213			tary of Sta
1. Entity Nam CHANTIL	LY COURT LLC				v
3660 PIZARI	re of Business RO ROAD LE, FL 32217-3218	Mailing Address 3660 PIZARRO ROAD JACKSONVILLE, FL 32217-32	18		
DO NOT WRITE IN THIS SPACE			CE	03072005 No Chg-LLC CR28 4. FEI Number 54-2114096	E083 (10/03) Applied For Not Applicable
		· · <u></u>		5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	<u></u>		• •
WAREH, FAIZ 3660 PIZARRO ROAD JACKSONVILLE, FL 32217-3218			DO NOT WRIT		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept
ORGENTOTIES	Signature, typed or printed name of registered agent a	nd little if applicable, (NOTE Register	ed Agent signature required	d when reinstating) DATE	
Fi D:	iling Fee is \$50.00 ue by May 1, 2005				
9,	MANAGING MEMBE	R\$/MANAGER\$			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAREH, FAIT 3660 PIZARRO RD JACKSONVILLE, FL 32217				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03/10/05-8004	19 [-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1707K		DO NOT WRIT	 E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLO DEOT 05 5120			IN THIS SPACE	E
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	5120 eth 1044	4500			
TITLE NAME	eth lott			· · · · · · · · · · · · · · · · · · ·	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(f). 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 if am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #