2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L0400005171 1. Entity Name CHAMBER'S INDIAN VILLAGE, LLC						05-02-2005 90129 028 ****50.00					
Principal Place of Business Mailing Address 22400 N.E. HWY 315 C/O J. MICHAEL BRILL				1			#4000019				
ORANGE SPRINGS, FL 32134 3268 E. LOWER SPRINGBORO RI WAYNESVILLE, OH 45068					RD.			11 1 1 11 11 1 11 11 11 11 11 11 11 11 11	1 1		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092005	Chg-LLC	CR2E08	33 (10/03)				
City & State		City & State			4. FEI Number Applied For Not Applicable						
Zip	ip Country		Zip Country		5. Certificate	of Status Desired		55.00 Add ee Required			
	6. Name	and Address of Current R	egistered Agent			7. Name and	Address of New F	legistered A	gent		
HIBBS, JA		RD.			Name Street Address	(P.O. Box Numbe	r is Not Acceptable	9)		:	
3440 N.E. 175 ST. RD. CITRA, FL 32113											
					City	FL Zip Code)	
	named entit	ty submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Flo	orida. I am fa	amiliar with,	and accept	
CIONATURE	_	-									
SIGNATURE.	Classica brass	t as adoted some of registered agent on	d title if applicable (NOTE	C: Oneintern	d Ament almost va results	ad whos rejectation)	· · · · · · · · · · · · · · · · · · ·	DATE			
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	E: Registered	d Agent signature require	ad when reinstating)		DATE			
Fi	iling Fee	is \$50.00 y 1, 2005	d lite if applicable. (NOTE	E: Registered	d Agent signature require	ad when reinstating)		oate se check pa s Departme		•	
Fi De	iling Fee	is \$50.00 y 1, 2005			d Agent signature require	ad when reinstating)	Florida	e check pa B Departme)	
Fi	iling Fee	is \$50.00		E: Registered		ad when reinstating)		e check pa B Departme		Addition	
Fi De	MGRM BRILL, J.	Is \$50.00 y 1, 2005 MANAGING MEMBER	IS/MANAGERS	10.	: [ad when reinstating)	Florida	e check pa B Departme	ent of State		
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP