


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90029 031 ****50.00

DOCUMENT # L04000024342

1. Entity Name
CHESTER 5150, LLC



Principal Place of Business
**2963 DUPONT AVENUE
 JACKSONVILLE, FL 32217**

Mailing Address
**2963 DUPONT AVENUE
 JACKSONVILLE, FL 32217**

20049920



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04112005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
 Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**HOLBROOK, H. LEON
 ONE INDEPENDENT DRIVE STE. 2301
 JACKSONVILLE, FL 32202-5059**

7. Name and Address of New Registered Agent
 Name **CHRISTOPHER F. SKINNER**
 Street Address (P.O. Box Number is Not Acceptable)
**2963 DUPONT AVENUE
 SUITE 2**
 City **JACKSONVILLE** FL Zip Code **32217**

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 *Christopher F. Skinner* **CHRISTOPHER F. SKINNER** DATE **4-20-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, A.C. JR 2963 DUPONT AVENUE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *A. Chester Skinner, Jr.* DATE: **4-15-05** DAYTIME PHONE #: **(904) 731-4878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

(A. CHESTER SKINNER, JR.)