


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, CHRISTOPHER F
 2963 DUPONT AVENUE
 JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, A.C. JR 2963 DUPONT AVENUE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000745190
 05/16/07-80019-015 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.* 4-27-2007 (904) 731-4818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

A. CHESTER SKINNER, JR.