

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90020 020 \*\*\*\*55.00

<b>DOCUMENT # L04000026792</b> 1. Entity Name <b>CHABOT DEVELOPMENT, LLC</b>					
Principal Place of Business <b>18833 NE 21 STREET GAINESVILLE, FL 32609</b>			Mailing Address <b>18833 NE 21 STREET GAINESVILLE, FL 32609</b>		
2. Principal Place of Business <b>2107 N.E. 188th Place</b>		3. Mailing Address <b>2107 NE 188th Place</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		4. FEI Number <b>56-2452245</b>	
Zip <b>32609</b>		Country <b>Alachua</b>		Applied For Not Applicable	
Zip <b>32609</b>		Country <b>Alachua</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHABOT, ROBERTA J 18833 NE 21 STREET GAINESVILLE, FL 32609</b>				7. Name and Address of New Registered Agent Name <b>Roberta J Chabot</b> Street Address (P.O. Box Number is Not Acceptable) <b>2107 N.E. 188th Place</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32609</b>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CHABOT, GREGORY S 18833 NE 21 STREET GAINESVILLE, FL 32609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b>				Date <b>2-24-2005</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					