~2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 20, 2006 08:00 Al Secretary of State DOCUMENT # L04000029873 CHESLEY INVESTMENTS LLC Principal Place of Business Mailing Address 1836 GARCON POINT ROAD 1836 GARCON POINT ROAD MILTON, FL 32583 MILTON, FL 32583 03282006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0937166 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WOODS, MELINDA S DO NOT WRITE 5764 ST. CHRISTOPHER DRIVE ORLANDO, FL 32822 IN THIS SPACE 8. The above named entity sut 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 segis SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MM TITLE WOODS, MELINDA'S NAME STREET ADDRESS 1836 GRACON POINT ROAD CITY-ST-ZIP MILTON, FL 32583 TITLE NAME U00000520349 STREET ADDRESS 05/02/06-80092-004 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP 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.

Date

Daytime Phone #